APPLICATION FOR CERTIFICATION FOLLOWING COMPLETION OF EXPERIENCE REQUIREMENTS
(This form must be submitted within two (2) years from the date of the candidate's initial qualification examination.)

APPLICANT INFORMATION

This application requires the submission of specific details relating to the applicant's experience. By signing this form, the applicant declares that all information provided is true, accurate, and complete. If clarification regarding the application requirements is required, please contact the Certification Records Office before completing the application. All sections of this form shall be completed.

PART 1. CANDIDATE'S PERSONAL DETAILS

First Name:	
Last Name:	
Date of Birth:	
Certificate's ID Number: (Applicable to Existing Certificate Holders Only)	
Candidate's Residential Address (Including Postal Code, This address will be printed on the certificate).	
Address, including postal code, to which the certificate, when issued, is to be sent.	
By ticking(✓) this box I authorize the issuing agency to send the certificate to the above address:	
Telephone number:	
E-mail address:	
Passport or other Identity proof details:	
It may be possible to make provision in qualification examinations for disabled candidates. If you are disabled please bring this fact to the attention of the examining body.	

PART 2: PRESENT EMPLOYMENT INFORMATION

Employer's name and address: (including post code)			
E-mail		Telephone	

PART 3: QUALIFICATION EXAMINATION RECORD

Examination Result Reference Number:		Previous Examination Date:	

PART 4: EMPLOYMENT RECORD (PRE-/POST-CERTIFICATION)

Employing organization	Date from/to	Telephone number and e-mail address

PART 5: APPLICANT'S DECLARATION CONFIRMING ELIGIBILITY FOR EXAMINATION

I confirm that I have read and understood the requirements of PCM-01 – Personnel Certification Manual and declare that I meet the eligibility requirements for the certification level and NDT method applied for.
I certify that the information provided in this application is true and complete. I understand that any false or misleading information may result in the rejection of my application or cancellation of any certification granted.
If certified, I agree to comply with the Code of Ethics (F-171) and the applicable certification requirements of BSS NDT Pvt. Ltd.

I also consent to BSS NDT Pvt. Ltd. collecting and using my personal information for certification and administrative purposes, including relevant communications regarding certification activities and services.

SIGNATURE:.....DATE:.....

PART 6: RECORD OF PRE AND POST CERTIFICATION EXPERIENCE

NDT Method	NDT Technique	Details of application, procedure, code or standard	Experience gained		Signature, name and contact e-mail or telephone number of certificated supervisor
			from	to	

PART 7: PAYMENT

Invoice Recipient Details (To be completed only if different from the candidate, should include name, address, telephone number, and E-mail address):

PART 8: EMPLOYER CONFIRMATION
(by the employer or, if the candidate is self-employed, a referee)
I confirm that the information provided by the applicant in this application, relating to employment and experience, is true and accurate to the best of my knowledge at the time of signing.

Name:		E-mail	
Position:		Company:	
Telephone:		Signature:	

PART 9. FOR CB USE ONLY

Application Reviewed for Compliance with the ISO 9712 Eligibility Requirements			
Application Approved*		Reason for Rejection:	
Application Rejected		Candidate ID Number: (allotted)	
Date:		Candidate Certificate Number: (allotted)	
Reviewed By:		Signature:	

***Approval subject to 100 percent verification from the employer by the CB

Attachment Required:

1. A completed Visual Acuity and Colour Perception Test Record (Form F-183).
2. Evidence of payment of the applicable certification fee.
3. This application shall be submitted to the Certification Body within two (2) years of the date of the initial qualification examination.