BSS N.D.T. Pvt. Ltd. NDT TRAINING AND SERVICES	BSS NDT Pvt. Ltd. **APPLICATION FOR RECERTIFICATION, SUPPLEMENTARY EXAMINATION, OR RETEST FOLLOWING AN UNSUCCESSFUL EXAMINATION**		
	Form No. **F-178**	**Revision** **02**	**Issue Date** **04-08-2026**

This application form shall be completed by candidates applying for recertification, re-examination following an unsuccessful initial examination, or a supplementary examination to extend the scope of an existing certificate in a designated NDT method and the applicable industry or product sector.

INFORMATION TO BE PROVIDED BY APPLICANT (PART 1 to 7)

PART 1. CANDIDATE'S PERSONAL DETAILS

Candidate's Name:	
Candidate ID number	
Date of Birth:	
Candidate's Residential Address (This address, including the postal code, will be printed on the certificate):	
Address for Dispatch of the Certificate (including postal code):	
I authorize the issuing agency to dispatch my certificate to the above address by ticking (✓) this box:	
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 postal code):	
Employer's Telephone:	
Employer's e-mail:	
Candidate's position in the organization:	
Employment status (employed or self-employed):	

PART 3. EMPLOYMENT HISTORY

This section shall be completed only by applicants seeking recertification. Please provide details of all employers during the preceding five (5) years. If additional space is required, attach a separate sheet.

Employing organization	Period of employment (from – to)	Contact name and telephone number for verification purposes

PART 4. EXAMINATION APPLIED FOR

This section shall be completed by all applicants. Applicants are advised to verify examination availability with the Test Centre before completing this section.

Application Category: (Recertification, Supplementary Examination to Extend the Scope of an Existing Certificate, or Retest Following an Unsuccessful Examination)												
Products or industry sector in which certification is sought: Castings (c), Welds (w) , Forging (f) , Tubes and Pipes (t) , Wrought products (wp) except forging, pre & in-service inspection:												
NDT Method Requested: *(Select (✓) the applicable NDT method.)*	RT	UT	MT	PT	BRS	ET	RI	PAUT	TOFD	PAUT DATA INTERPRETATION	TOFD DATA INTRPRETAION	
Select (✓) the certification level requested: N.B:- RI is level 2	1	2	3	**For Level 3 applicants, select the examination component(s):**				Basic Examination		Main method Examination		
If recertification or supplementary, give applicable certificate number and expiry date; if retest, give applicable previous result reference												
Preferred examination date and venue:												

PART 5. PAYMENT

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

PART 6. APPLICANT DECLARATION CONFIRMING ELIGIBILITY FOR EXAMINATION

Candidate's Full Name:	
Candidate ID number:	

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:	

*To opt out of receiving promotional or informational mailings from the BSS NDT Pvt. Ltd., tick the box [ ].
Requests for access to personal data held by BSS NDT Pvt. Ltd. may be submitted, subject to payment of the applicable access fee.

PART 7. 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 8. FOR CB USE ONLY

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