



## INTERNATIONAL ACADEMY OF NDT

### APPLICATION FOR SUPPLEMENTARY OR RECERTIFICATION EXAMINATION, OR A RETEST OF A PREVIOUSLY FAILED EXAMINATION

This form is to be completed by candidates for recertification, retest of previously failed initial examinations, or a supplementary examination (to extend the scope of an existing certificate) in any designated NDT method and industry or product sector.

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

##### PART 1. CANDIDATE'S PERSONAL DETAILS

Family name:	
Given names:	
Certificate holder number (if known):	
Date of Birth:	
Candidate's usual residence, 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:	<input type="checkbox"/>
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. CURRENT EMPLOYMENT DETAILS

Employer's name and address (including postal code):	
Employer's Telephone:	
Employer's e-mail:	
Candidate's position in the organisation:	
Employment status (employed or self-employed):	



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**PART 3. EMPLOYMENT HISTORY**

This section is applicable only to recertification applicants - list all employers during previous 5 years, continuing on a separate sheet if necessary,

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

**PART 4. EXAMINATION APPLIED FOR**

(to be completed by all applicants - check examination availability with the Test Centre before completing)

Examination type( <u>supplementary</u> , <u>recertification</u> or <u>retest</u> of a previously failed examination):													
Products or industry sector in which certification is sought (castings, welds, forgings/wrought products, pre & in-service inspection, railway or aerospace):													
NDT method (tick only ONE NDT method):	RT	UT	MT	PT	BRS	ET	RI	PAUT	TOFD	DATA INTERPRETATION			
										AUT	PAUT	TOFD	
Level (tick one box). N.B.RI is level 2:	1	2	3	If level 3 retest, state whether Basic or Main Method:									
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** (complete applicable sections only)

Name and address for invoice (if different from candidate's), including telephone number and e-mail address:
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**PART 6: CANDIDATE'S STATEMENT CONFIRMING ELIGIBILITY**

Candidate's full name:	
Holder number (if existing certificate holder):	



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I have read and understand certification manual CM for personnel engaged in NDT, particularly the criteria for eligibility, and hereby confirm that I satisfy those criteria applicable to the level and NDT method for which I am seeking certification. In the event that I am awarded certification. I agree to comply with the Code of Ethics (F-71). I also understand that, in the event of a false statement being made in this application, any certification awarded as a result of success in the examination will be null and void.

I understand that the PCB will hold and may use personal data supplied by me for administration purposes. The data may also be used to send separate unsolicited mailings\* containing details of events, new services, products etc.

Signature:		Date:	
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\*You have the right to ask the PCB not to send such mailings. If you do not wish to receive this information, please tick this box [  ]. You also have the right of access to personal data that we hold about you, on payment of an access fee.

#### PART 7: VERIFICATION OF CANDIDATE'S STATEMENT

(by the employer or, if the candidate is self-employed, a referee).

To the best of my belief, the candidate's statement given above is correct at the time of signing.

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

#### PART 8. FOR USE BY THE CB

Application Reviewed for compliance with Eligibility Criteria for Taking ISO9712 examinations			
Application Approved		Reason for Rejection:	
Application Rejected		Candidate Cert Number (allotted)	
Date			
Reviewed By:	Signature:		