



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	VT	MT	PT	BRS	ET	RI	PAUT	TOFD	WI	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

Table with 2 columns: Candidate's full name, Holder number (if existing certificate holder)

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.

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.

Table with 4 columns: Signature, Date

*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.

Table with 4 columns: Name, E-mail, Position, Company, Telephone, Signature

PART 8. FOR USE BY THE CB

Table with 4 columns: 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