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PSL 57C Issue 5 dated 1st January 2010
APPLICATION FOR CERTIFICATION WHERE
EXPERIENCE IS GAINED FOLLOWING EXAMINATION

THIS APPLICATION FORM MUST BE SUBMITTED TO PCN WITHIN 2 YEARS OF THE EXAMINATION RESULT

GENERAL INFORMATION (please read carefully before completing application).

This form is to be used for candidates who have passed the examination and have subsequently gained the following experience:

Required experience: levels 1 and 2

The candidate shall have had regular practical experience in the application of the NDT method and this will include a specified period of recorded practical work on site or in works under certificated supervision. The minimum periods of experience for eligibility, which may include the required period of training, are specified below:

	LEVEL 1	LEVEL 2
NDT METHOD	(months)	(months)
ET	3	9
PT, MT and VT	1	3
RT and UT	3	9

For level 2 certification, work experience normally consists of time as a level 1. However, if the candidate is to qualify directly at level 2 with no time at level 1, the experience will consist of the sum of the periods required for levels 1 and 2.

Work experience, which is based on a nominal 40 hour working week, may be gained simultaneously in two or more of the NDT methods for which PCN certification is sought, with the reduction of total experience as follows:

- * two testing methods - reduction of total time required by 25%
- * three testing methods - reduction of total time required by 33%
- * four testing methods - reduction of total time required by 50%

Full details are in PCN General Requirements clause 8.4 Table 2.

Recording pre-certification experience

Candidates will be required to provide documented proof, authenticated by an employer or responsible agency (who PCN may contact for verification purposes), of the above work experience before an application for certification can be accepted by PCN. Please list all employers during the period in which experience was gained

One application form is to be submitted in respect of each certificate applied for, and applications and supporting information must be legibly completed.

Candidates will be required to supply verifiable evidence of satisfying experience criteria by completing the form below.

INCOMPLETE APPLICATION FORMS WILL NOT BE ACCEPTED

CANDIDATE'S STATEMENT CONFIRMING ELIGIBILITY FOR CERTIFICATION:

I have read and understand PCN General Requirements for the certification of personnel engaged in NDT, particularly the criteria for eligibility, and hereby confirm that I satisfy those criteria covering vision, training and experience applicable to the level and NDT method for which I am seeking certification. In the event that I should be awarded PCN certification. I agree to comply with the PCN Code of Ethics (published as PCN document CP/27).

I understand that, in the event of a false statement being discovered, any certification awarded as a result of such a declaration will be null and void.

I understand that BINDT will hold and use personal data supplied by me for administration purposes. These purposes have been notified under the Data Protection Act 1998. The data may also be used to send separate unsolicited mailings* containing details of events, new services, products etc..

SIGNATURE: DATE:

* You have the right to ask BINDT not to send such mailings. If you do not wish to receive this information from BINDT, 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 not exceeding £10.

Attach

- a) Candidates having passed a PCN examination will already possess a PCN identity card. If, for whatever reason, this is not the case, a PSL/33 will need to be completed and submitted with this application.
- b) PCN Vision Requirements, including optional form for recording results of tests vision test certificate issued within the preceding 12 months (PCN PSL/44 may be used)
- c) Certification fee (see part 6 of this form)

SIGNATURE: DATE:

For internal use only.

Application reference:		Checked by:	
Invoice details:		Dispatch date:	

INFORMATION TO BE PROVIDED BY APPLICANT

This application form asks for specific details on experience and must be signed to the effect that these details are correct (if uncertain of the requirements, consult the PCN Certification Records Office before proceeding). Please complete all of the following parts.

PART 1. CANDIDATE'S PERSONAL DETAILS

Family name:		Given names:	
Candidate's usual residence, including post code (this is the address that will be shown on the certificate):		Address, including postcode, to which the PCN certificate, when issued, is to be sent:	
		By ticking this box I am authorizing PCN to send the certificate to the above address	
Telephone number:		PCN number (if known):	
E-mail address (optional):		Date of birth (yyyy/mm/dd):	
National insurance or social security number:			
Every effort will be made to support candidates with a disability. If you require additional assistance please bring his to the attention of the examining body.			

PART 2. CURRENT EMPLOYMENT DETAILS

Employer's name and address (including post code):			
Fax or e-mail		Telephone	

PART 3. PCN EXAMINATION DETAILS

Name of Authorised Qualifying Body (1 st line on results notice)		Date of examination and examination result reference (3 rd line on results notice)	
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PART 4 RECORD OF PRE OR POST CERTIFICATION EMPLOYMENT

Employing organisation	Date from/to	Telephone number or e-mail address

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PART 5. RECORD OF PRE-CERTIFICATION EXPERIENCE

SHEET ____ OF ____

Candidate's name: _____ PCN number (if known): _____

Home address: _____ Post code: _____

Telephone number: _____ e-mail: _____

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	

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PART6. PAYMENT (complete applicable sections only)

Method of payment (either credit/debit card or a cheque payable to BINDT):				Tick box if cheque enclosed:	
For payment by credit card (tick relevant box):	Visa	MasterCard	Amex	Switch	
Name on card:					
Card number:		Security code (last 3 figures on the security strip on the reverse of the card)			
Card valid from (if a Switch card, issue date):		Card expires end:			
Signature of above named individual:					
Address of credit card holder (if different from that in Part 1 of this form):					
Please debit the above credit/debit card for the amount shown (applicants must enter the correct amount, which can be ascertained from document PSL/35):			£	:	(including VAT)

PART 7. VERIFICATION OF CANDIDATE'S STATEMENT BY THE SPONSOR, 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: SIGNATURE:

COMPANY: TELEPHONE:

Have you included:-

- Valid Vision test that states you can read N4.5 or less or Jaeger 1 and you have taken the Ishihara 24 colour plate test and you can read the first 17 plates
- All pages have been submitted and all information required entered
- Application does not exceed 2 years after exam date
- Payment is included (See PSL 35 for fees)

Once completed, this form and supporting information should be sent to:

Certification Services Division
Newton Building, St. George's Avenue
Northampton, NN2 6JB
United Kingdom

Tel: +44(0)1604-893-811.
Fax: +44(0)1604-893-868.
E-mail: pcn@bindt.org



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