



## CBNDT Initial Certification Application Form

Photo no1 (not older than 2 years): Paste here  Photo no2: Clip with the application if applying for the first time	NDT Method & Level seeking NDT certification according to ISO 9712:2012 Method: <input type="checkbox"/> ET <input type="checkbox"/> MT <input type="checkbox"/> PT <input type="checkbox"/> RT <input type="checkbox"/> UT <input type="checkbox"/> VT  Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	<b>Sectors</b> <input type="checkbox"/> General Engineering (for Level 1)	<b>Office Use Only</b> CU No:  IPC No :  Initial Certification Application No:  CI No (if certified earlier):  No of certifications issued to applicant before:  Employee of NCNDT? <input type="checkbox"/> Yes <input type="checkbox"/> No  Payment:  Invoice No:  Date of Invoice:  Eye Examination Report verified?  Requalified date (if any):
SNDT member? <input type="checkbox"/> Yes <input type="checkbox"/> No  Address for Correspondence <input type="checkbox"/> Home <input type="checkbox"/> Organization  <b>Attachments</b> <input type="checkbox"/> Copy of NIC/Passport  <input type="checkbox"/> Eye Examination Report  <input type="checkbox"/> Copies of Qualification Certificates  <input type="checkbox"/> Copy of Degree /Diploma Certificates (for Level 3 only)	ET <input type="checkbox"/> Pre and In-service Testing including manufacturing <input type="checkbox"/> Tubes <input type="checkbox"/> Wrought Products (plates)	
	MT <input type="checkbox"/> Pre and In-service Testing including manufacturing <input type="checkbox"/> Welds <input type="checkbox"/> Castings <input type="checkbox"/> Forgings	
	PT <input type="checkbox"/> Pre and In-service Testing including manufacturing <input type="checkbox"/> Welds <input type="checkbox"/> Castings <input type="checkbox"/> Forgings	
	RT <input type="checkbox"/> Pre and In-service Testing including manufacturing <input type="checkbox"/> Welds (Plate/ Pipe/ Tee)	
	UT <input type="checkbox"/> Pre and In-service Testing including manufacturing <input type="checkbox"/> Welds (Plate/ Pipe/ Tee)	
	VT <input type="checkbox"/> Pre and In-service Testing including manufacturing <input type="checkbox"/> Welds	
<b>Personnel Details</b>		
Full Name of Applicant: Dr/ Mr/ Mrs/ Ms (in block letters)		
Address:		
NIC No:		Passport No:
Telephone:		Email:
<b>Payment Details</b>		
<input type="checkbox"/> Private <input type="checkbox"/> Company		Company SVAT Number:
Invoice Address:		
<b>Employment Details (if applicable)</b>		
Name of Organization		
Work Address		
Job Title		
Telephone:		Email:



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## TRAINING

Non-Destructive Testing courses followed on **the method** applying for certification only

Method	Level	Course Duration	Training Hours	Training Provider
	1			
	2			
	3			

## QUALIFICATION EXAMINATION

Non-Destructive Testing Examinations on **the method** only – Please submit a copy of each certificate.

Method	Level	Date of written examination	Certificate No	Date of Certificate
	1			
	2			
	3			

## QUALIFICATION EXAMINATION

Non-Destructive Testing Examinations on **other methods** (highest level only)

Method	Level	Date of written examination	Certificate No	Date of Certificate
MT				
PT				
UT				
RT				
ET				
VT				

## EDUCATION

Level 3 applicants are required to submit copies of education certificate(s).

College/ University	Degree or Certificate – Specialization	Length (Years)	Year

## ACCOMMODATION OF SPECIAL NEEDS

Please declare, within reason, a request for accommodation of special needs (if any).



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### NDT Industrial Experience summary on the method

Date Range of Experience

From:

To:

Average hours (per week) of Experience Claimed for the Period:

Total hours claimed:

I, the applicant, declare that the above summary is true and correct for the method seeking certification and I am continuing satisfactory work activity without significant interruption in the method and sector(s).

Method:

Sectors:

Signature of Applicant: .....

Date:.....

**Note 1:** Significant interruption - absence or change of activity which prevents the certified individual from practicing the duties corresponding to the level in the method and the sector(s) within the scope seeking certification, for either a continuous period in excess of one year or two or more periods for a total time exceeding two years. Legal holidays or periods of sickness or courses of less than 30 days are not taken into account when calculating the interruption.

### Statement by Referee

Referee Name

Organization

Referee Relationship

Manager/Supervisor/Other

Referee Contact Details

Mobile:

Email Address:

Referee's NDT

Certifications (if any)

**Note 2:** Documentary evidence must be confirmed on the application by the employer or by any person authorized by the employer. The evidence must not be submitted, but to be archived with the employer.

I declare,

- that I am an authorized person (e.g. Employer).
- that I will take all the responsibilities that are conferred upon employer through (ref. CBNDT/INF/EMP).
- that the above information on NDT industrial experience supplied by \_\_\_\_\_ (applicant's name) and referee details are true and correct.

Seal of verifying authority



Signature of Referee: .....

Date:.....



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## Visual Acuity

Documentary evidence of a satisfactory visual acuity examination taken within the preceding 12 months (ref. CBNDT/FRM/EER);

*Note 3: The vision certificate must be submitted as a copy and the original is to archive with the employer.*

## Code of Ethics

All personnel certified in accordance with the CBNDT shall:

01. Be responsible to safeguard the life, health, property, and welfare of the public at all times and for the laws and statutory regulations.
02. Maintain the integrity and high standard of skills and practices in the profession of NDT at all times.
03. Accept obligations only for the areas of work for which you are competent and certified.
04. Be responsible for all work carried out by you or others under your supervision and control.
05. Associate with or permit to use skills and knowledge in the interest of the employer or client to whom they work in a truthful manner to the best of your ability
06. Provide professional advice, express opinions and make statements on the basis of adequate knowledge in truthful manner.
07. Continue development of the career and actively assist and encourage other NDT personnel to advance their knowledge and skills.
08. Be responsible for updating the current profile and NDT experience by reporting activities to the CBNDT.
09. Undergo an annual test of visual acuity, and submit the results of the tests to the employer.
10. Notify CBNDT and the employer in the event that the conditions for validity of certification are not fulfilled.

Improper conduct, malpractice and ruling of other jurisdictions may result in recommended disciplinary action by the CBNDT.

## Use of Certificates and Logos / Marks

Certified persons shall

- Comply with the relevant provisions of the certification scheme.
- Make claims only with respect to the scope for which certification has been granted.
- Not use the certification in such manner as to bring the CBNDT into disrepute, and not make any statement regarding the certification which may be considered misleading or unauthorized.
- Discontinue the use of all claims to certification that contain any reference to the CBNDT or to certification upon suspension or withdrawal of certification, and return any certificate(s) issued by the certification board.
- Not use the certificate in a misleading manner.

## Declaration by Applicant

I declare that I agree to abide by the CBNDT code and Ethics. I will inform the CBNDT in written if

- The information given in the certificate is incorrect.
- I will no longer fulfill the certification requirements.

I understand that the CBNDT is authorized to revoke the certificate if I counteract this declaration.

I accept that this certificate will not replace employer authorization to perform tests.

I declare that the information supplied in this application is true and correct.

The CBNDT may gather any information necessary to determine my qualifications for certification.

I agree to provide a third party with my personal data if necessary to determine my qualifications for certification or to verify my certification.

The undersigned releases and discharges the CBNDT from any and all liabilities which may arise on account of the undersigned's activities certified by the CBNDT.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

..... Certification Unit	Recommendation for Certification			TAC Meeting Date:  ..... Director General – SLAEB
..... Director - NCNDT				