



Certification Body for Non Destructive Testing Personnel (CBNDT)

Sri Lanka Atomic Energy Board

C/O; National Centre for Non Destructive Testing (NCNDT)

977/18, Bulugaha Junction, Kandy Road, Kelaniya, Sri Lanka

Tel. 0112987854-5 Fax 0112987851

E-mail:cbndt@aeb.gov.lk

Application for CBNDT Re-Certification

Personnel Details

| | | | |
|--|--|--------------------------|--|
| Full Name of Applicant: Dr/ Mr/ Mrs/ Ms/ (Others)..... | | | |
| Personal Address: | | | |
| Telephone No. (Home): | | Paste your photo here | |
| Telephone No. (Mobile): | | | |
| Personal Email Address: | | | |
| NIC No | | | |
| Passport No (if any) | | | |

Employment Details (if applicable)

| | | | |
|-------------------------|--|------|--|
| Organization Name: | | | |
| Work Address: | | | |
| Email Address (Office): | | | |
| Telephone No. (Office): | | Fax: | |
| Job Title: | | | |

Address for Correspondence: ☐ Home ☐ Organization

Are you a member of SNDT? ☐ Yes ☐ No

Note: Only 1 method and 1 level per application form.

NDT Method & Level to be re-certified

| Level | ET | MT | PT | RT | UT | VT |
|-------|----|----|----|----|----|----|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

| | |
|---|---|
| Industrial Sector | |
| Pre and in service testing, which includes manufacturing. | |
| Product Sector | |
| ET | Plates and Tubes (Non-Ferrous conducting materials) |
| MT | Castings, Forgings, Tubes and Pipes, Welds and Wrought Products (Ferrous materials) |
| PT | Castings, Forgings, Tubes and Pipes, Welds and Wrought Products (Ferrous and Non Ferrous materials) |
| RT | Welds, Plates and Pipes (ferrous and non-ferrous materials) |
| UT | Welds, Plates, Castings, Forgings and Pipes (ferrous and non-ferrous materials) |
| VT | Welds (Ferrous materials) |

Certification Body for Non Destructive Testing

Title: Re-certification Application Form

Doc No: CBNDT/FRM/RCA

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Rev No: 01

Date of Rev: 2016-02-09

QUALIFICATION EXAMINATIONNon-Destructive Testing Examinations on **the method** only – Please submit a copy of the certificate

| Method | Level | Date of written examination | Certificate No | Date of Certificate |
|--------|-------|-----------------------------|----------------|---------------------|
| | | | | |

RE-QUALIFICATION EXAMINATIONNon-Destructive Testing Examinations on **the method** only

| | |
|--------------------------------------|--|
| Date of re-qualification examination | |
|--------------------------------------|--|

QUALIFICATION EXAMINATIONNon-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 | | | | |

Checklist to ensure complete application

Please use the check boxes to ensure you have included all of the following details:

Note: Incomplete applications will not be accepted.

- ☐ Copy of NIC/Passport ☐ Signed code of Ethics ☐ Signed and dated application
☐ Copy of Qualification Certificate ☐ Eye Examination Report
☐ *Photograph ☐ Evidence of on-going experiences (Shall be verified by your referee)

* Provide one identical colour, stamp size, certified photographs of yourself taken within 1 year with your completed application.

Application form along with all supporting attachments should be forwarded to following address **six months before expiry date of renewed certification**:

OIC - Certification Unit,
 Certification Body for NDT - Sri Lanka,
 C/O; National Centre for Non Destructive Testing (NCNDT),
 977/18,
 Bulugaha Junction,
 Kandy Road,
 Kelaniya, Sri Lanka."

Certification Body for Non Destructive Testing

| | |
|---|--|
| Title: Re-certification Application Form | Doc No: CBNDDT/FRM/RCA |
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Experience Summary on Method

| | | |
|--|------|----|
| Date Range of Experience | From | To |
| Average hours (per week) of Experience Claimed for the Period: | | |
| Total hours claimed: | | |
| <p>I, the applicant declare that the above summary is true and correct for the method sought. Experience MUST be verified by your Referee.</p> <p>Signature of Applicant: Date:.....</p> <p>Signature of Referee: Date:.....</p> | | |

Statement by Referee

It is a requirement for certification that the information supplied by the applicant is verified by a referee who has knowledge of the applicant's work activities in the NDT method and sector for which certification is being sought.

The TAC must be satisfied that the person attesting to this information is appropriately qualified to do so. The referee MUST also verify the applicant's experience by signing the experience statement.

| | |
|--|--|
| Applicant's Full Name | |
| Employer | |
| Referee Name | |
| Referee Position | |
| Referee Contact No | |
| Referee Relationship: Manager/Supervisor/Other | |
| Referee NDT Certification Held (if any) | |

I, (referee name) declare that the above experience summary is true and correct.

.....
Signature of Referee Date

Seal of Verifying Authority

Administration use only

| | |
|----------------------------------|--|
| Eye Examination Report verified? | |
|----------------------------------|--|

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.

I have read the CBNDT code and Ethics and use of certificates and Logos/ Marks and agree to abide by this code and regulation.

I declare that to the best of my knowledge the information supplied is true and correct.

Also I agree to provide further details /information regarding this application to the CBNDT if required and I authorize CBNDT to contact my employer when necessary in relation to this application.

Signature of Applicant: _____ **Date:** _____

| | | | |
|-----------------|--|------------------|--|
| Invoice Address | | | |
| VAT No (if any) | | SVAT No (if any) | |

| Summary (Administration Use Only) | | |
|-----------------------------------|---------------------------------|----------------------------------|
| CU No: | | |
| Method & Level: | | |
| ISO 9712 version: 2005 / 2012 | | |
| Qualified date: | | Application received date: |
| Requalified date (if any) | | |
| Decision | Technical Advisory Committee | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | Chairman, TAC |
| Approval for Decision | Council of CBNDT | |
| Comments | Valid till: __ / __ / ____ | |