



PSL 57A

ISSUE 14 DATED 1st APRIL 2018

IMPLEMENTATION 1st MAY 2018 (this issue can be accepted by AQB prior to 1st May)

**APPLICATION FOR;
INITIAL examination**

COMPLETED APPLICATIONS MUST BE SUBMITTED DIRECTLY TO THE AQB (PSL-4) DO NOT SEND TO BINDT.

GENERAL INFORMATION (please read carefully before completing application).

This form is to be used for candidates for initial examination in any PCN designated NDT method and industry or product sector. Form PSL/57B is to be used for recertification and supplementary examinations, or a retest of previously failed initial examinations.

All candidates for PCN examination and certification are required to fulfill the conditions for eligibility specified in clause 7 of the current edition of the PCN General Requirements for Certification of NDT Personnel.

Eligibility is defined in terms of visual acuity and colour perception, training, and experience. Attention is drawn to opportunities for mature candidates who may satisfy special eligibility criteria (PCN General Requirements refer). Candidates will be required to supply verifiable evidence of satisfying all eligibility criteria and PCN publishes the following documents, all of which are available free of charge, for use in recording and providing such information in an acceptable format.

Candidates shall supply, to the AQB, verifiable evidence of satisfying all eligibility criteria i.e. valid visual acuity and experience prior to booking an examination, in the event that BINDT discovers that the required evidence of eligibility is not submitted, any examination results or certification awarded will be null and void.

CP16 Annex D1 (record of employment)

PSL/30 mandatory form for recording certification experience [See Part 5](#)

PSL/44 PCN Vision Requirements, including optional form for recording results of tests

Initial enquiries for examination appointments should be made to the PCN Test Centre by telephone. However, no examination appointment can be considered confirmed until a correctly completed application form and supporting information has been received. Applications should be legibly completed.

Once completed, this form and supporting information should be sent to the PCN AQB together with relevant payment information or examination fees. One application form is to be submitted in respect of each examination applied for. Candidates not already having a PCN identity card will need to provide one passport photograph on the day of examination. Please enquire beforehand whether photographic facilities are available at the examination centre.

Applications dependent upon the individual holding (or having held) appropriate certification must be supported by acceptable evidence of such certification. If a photocopy is attached to this application as evidence, the candidate will be required to show the original on the day of the examination.

Where marks from earlier examinations are to be included in the weighted composite grade, the candidate should supply the relevant examination result notice (or, where unavailable, verifiable information from which the date and scope of the examination and the PCN Test Centre where the examination took place can be ascertained). Failure to comply with this requirement may result in a refusal to examine.



The British Institute of Non-Destructive Testing is an accredited certification body offering personnel and quality management systems assessment and certification against criteria set out in international and European standards through the PCN Certification Scheme.



Applications shall only be completed by the candidate seeking PCN certification.

If uncertain of the requirements for this application, please consult the Test Centre or PCN before proceeding.

PART 1. CANDIDATE'S PERSONAL DETAILS

Family name:		Given names:	
Candidate's usual residence, including post code (address that will be shown on the certificate):		Address, including postcode, to which the PCN certificate, when issued, is to be sent.	
CANDIDATE'S SIGNATURE AUTHORIZING CERTIFICATE TO BE SENT TO ABOVE ADDRESS:			
Telephone number:		PCN number:	
E-mail address:		Date of birth (dd/mm/yyyy):	
Gender (optional):			
It may be possible to make provision in PCN examinations for disabled candidates. If you are disabled please bring this fact to the attention of the examining body.			

PART 2. CURRENT EMPLOYMENT DETAILS

(CP16 Annex D1 should be used to record past employment.)

Employer's name and address (including telephone number, email address and post code):	
Candidate's position in the organisation:	Employment status (employed or self employed):

PART 3. PRE-CERTIFICATION TRAINING

Attach evidence of satisfactory completion of PCN approved training course or provide the following details for classroom training;

Name of training organisation and title/reference of relevant training course:	
Dates of course (from/to):	

PART 4. EXAMINATION APPLIED FOR (must be completed - check availability with the Test Centre before completing)

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):	ET	MT	PT	RT	RI	UT	VT
	CRT	TOFD	PAUT				
Level (tick one box). note: RI is level 2 only	1	2	3				
If level 3, state which exam part(s);							
Radiation safety (tick only one box, and ignore sector, NDT method, level and categories)		Basic radiation safety		Radiation protection supervisor			
State in the space below the categories of certification that you seek to attain (see relevant appendix to PCN/GEN). Note that there may be limitations upon the number of categories that may be attempted at any one sitting - consult PCN or the Test Centre for further advice.							
Preferred examination date and venue:							

PART 5. PRE-CERTIFICATION EXPERIENCE

Experience is not an essential pre-requisite for level 1 and 2 examinations only. However, if such evidence is available at the time of examination, and it is a **mandatory** requirement that this be provided direct to the AQB on the PSL 30 Attached.

Industrial NDT Experience – the experience needed to acquire the skill and knowledge to fulfil the provisions of qualification in the appropriate sector, and which is gained under the supervision of Appropriately Qualified Personnel, in the application of the NDT method in the sector concerned.

Qualified supervision – supervision of candidates gaining experience by NDT personnel certificated under the PCN Scheme or by non-certificated personnel who, in the opinion of BINDT, possess the knowledge, skill, training and experience required to properly perform such supervision.

Appropriately Qualified Personnel – Individuals carrying out supervision of candidates for PCN certification holding relevant certification issued by a BINDT recognised certification body meeting the requirements of ISO/IEC 17024.

NOTE: The Supervisors' certificate(s) must be verified as the same level, sector and method and must be valid at the time the experience was gained.

This may include certification schemes other than ISO 9712, such as EN 4179 and SNT-TC-1A providing that this certification has been gained using external training/examination support provided by a BINDT approved organisation. The organisation must be a BINDT approved ATO, AQB and/or OA status. Please contact pcn@bindt.org if clarification on this is required.

Experience may be gained following level 1 and 2 examinations only and recorded on Form PSL/30. Once evidence of experience satisfying the above definitions has been accumulated, it is provided direct to PCN, together with an application for certification using form PSL/57C.

Level 3 candidates – must have the required amount of NDT experience prior to taking any examination.

Claimed duration of experience in applying the NDT method under qualified supervision (enter number of months or weeks): PSL 30 to be completed with details:	
Name, address and telephone number or email address of person who can verify experience claimed:	

PART 6. PAYMENT (complete applicable sections only)

Name and address for invoice (if different from candidate's), including telephone/fax number:					
Some Test Centres provide accommodation or information on the availability of local accommodation. If you wish to receive assistance with accommodation, please tick here:					
Preferred method of payment (bank draft, BACS, cheque, credit card):					Tick box if cheque enclosed:
Name of senior responsible official of the organisation paying examination fees (not the candidate - unless self employed):					
Company order reference:					
For credit card payment, tick the relevant box and provide issue and expiry dates:	Visa	MasterCard	Amex	Switch	Issue and expiry dates:
Name on card:					
Card number:				Security code (last 3 figures on the security strip on the reverse of the card)	
Signature of above named individual					
Address of credit card holder:					
Debit the above credit/debit card for the amount shown in respect of exam fees (check with Test Centre to confirm that credit card payment is available)					£ :

PART 7. CANDIDATE’S STATEMENT CONFIRMING ELIGIBILITY FOR EXAMINATION

CANDIDATE’S FULL NAME:

PCN NUMBER (if existing PCN certificate holder):

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 **CP27**).

I understand that, in the event of a false statement being discovered, any certification awarded as a result of the examination will be null and void. I accept responsibility for payment of examination fees in the event of non-payment by the sponsor.

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:

NOTE: BINDT will store and use the information given on this form only for the purpose for which it has been provided. Your personal details and any other data you provide to BINDT will not be passed on to a third-party without your permission.

BINDT would like to contact you from time to time to let you know about its other services that may be of interest, such as special offers and discounts, events and new products. If you are happy to be contacted by BINDT, please indicate by ticking the box below:

I am happy for BINDT to contact me with information that may be of interest []

You can subscribe or unsubscribe at any time, simply let us know.

Attach

- a. Vision test certificate (PCN PSL/44 may be used) unless vision test arranged at Test Centre
- b. Evidence of training
- c. Evidence of experience (PCN document PSL/30)
- d. Correct examination fee (unless part 6 of this form is appropriately completed); details of fees are available from the test or examination centre.

Bring

- e. Two passport photographs (unless already a holder of a PCN identity card issued within the past 10 years, or if photographs are to be taken at the Test Centre - check beforehand if facilities are available on site)
- f. Your PCN record of certification and PCN identity card (if already a PCN certificate holder)
- g. Your own NDT instrument if desired (information on acceptable instruments is available from the Test Centre), together with a valid calibration certificate.

PART 8. 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:

PART 9. FOR OPTIONAL USE BY THE TEST CENTRE

EXAMINATION DATE :..... EXAMINATION VENUE:

EXAMINER: MODERATOR:

PAYMENT RECEIVED: RESULT REFERENCE:

EXAMINATION FILE COMPLETE AND CLOSED (initials/date):

REMARKS (if any verification sought and obtained, record details below):