

PSL/57WIA ISSUE 6 DATED 1st APRIL 2018
WELD INSPECTION EXAMINATION APPLICATION
IMPLEMENTATION DATE: 1st MAY 2018 (this issue can be accepted by AQB prior to 1st May)

For use when applying for initial, retest or recertification examinations. When completed, submit directly to the Examination Centre.

GENERAL INFORMATION (please read carefully before completing application).

All candidates for PCN examination are required to fulfill the conditions for eligibility specified in clause 5 of the current edition of PCN Inspection and Testing - General Requirements for Certification of 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. 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:

- **PSL/30** Mandatory requirement form for recording pre-certification experience
Supervision of candidate using the PSL/30 – gaining experience by NDT personnel certificated under the PCN Scheme or by non-certificated personnel who, in the opinion of the AQB, possess the knowledge, skill, training and experience required to properly perform such supervision. The AQB will check the supervisors WI experience.
(This note refers to the supervision of the candidate for Weld Inspection examination only)
- **PSL/44** PCN Vision Requirements, including optional form for recording results of tests

Initial enquiries for examination appointments may be made to the Examination 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 Examination Centre 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 examination 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 Examination Centre where the examination took place can be ascertained). Failure to comply with this requirement may result in a refusal to examine.

INFORMATION TO BE PROVIDED BY CANDIDATE (complete parts 1 to 6 inclusive)

If uncertain of the requirements, consult PCN or the Examination Centre before proceeding. This application form asks for specific details on experience and training and must be signed to the effect that these details are correct. In the event of a false statement being discovered, any certification awarded as a result of the examination will be null and void. Please complete all of the following parts.

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.	
CANDIDATES SIGNATURE AUTHORISING 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 (PSL/30 should be used to record past employment.)

Employer's name and address (if self employed, state this here):	
Post code:	Email:
Candidate's position in the organisation:	Manager or supervisor's name:

PART 3. EXAMINATION APPLIED FOR (provide information indicated or tick relevant boxes)

Preferred examination date and venue:			
Code, specification or standard (<i>in full</i>) chosen for use in Welding Inspector examinations:			
	Welding Inspector		Senior Welding Inspector
Initial examination		Retest	Recertification

PART 4. 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 5. EXPERIENCE (please provide a brief description of the nature and duration of your employment as a weld inspector – continue on a separate sheet or use form PSL/30 if necessary).

PART 6. CANDIDATE’S STATEMENT CONFIRMING ELIGIBILITY FOR EXAMINATION

I have read and understand PCN Requirements for the certification of personnel engaged in Inspection, particularly the criteria for eligibility, and hereby confirm that I satisfy those criteria covering vision, training and experience. 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 the examination will be null and void. I accept responsibility for payment of examination fees in the event of non-payment by the sponsor.

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.

SIGNATURE: DATE:

Attach

- a. Vision test certificate (PCN PSL/44 may be used) unless vision test arranged at Examination Centre
- b. Evidence of experience (PCN document PSL/30 is a mandatory requirement)
- c. Correct examination fee (unless part 8 of this form is appropriately completed); details of fees are available from the examination centre.

Bring

- d. One passport photograph (unless already a holder of a PCN identity card issued within the past 10 years, or if photographs are to be taken at the Examination Centre - check beforehand if facilities are available on site)
- e. Your PCN record of certification and PCN identity card (if already a PCN certificate holder)

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 in part 6 is correct at the time of signing.

NAME: SIGNATURE:

COMPANY: EMAIL:

TELEPHONE:

PART 8. PAYMENT (complete applicable sections only)

Are you VAT registered? Please provide VAT Number.	
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Payment type if not paying by card (please tick & complete as appropriate)

Cheque Enclosed?		Bank Transfer (BACS)		Purchase Order Number	
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Credit/Debit Card (provide details below)

Please tick the appropriate boxes:

For payment by credit card (tick relevant box):	Visa		MasterCard		Amex		Switch	
							Issue No.	
Corporate/ company card					Personal Card			
Name as shown on the card:								
Card Number								
Signature of above named individual:								
Security code: (Last 3 digits on the security strip on reverse of the card)								
Card valid from:								
Card expiry:								
Billing address: (Address the invoice will be sent to, if Corporate card then address of company and name of whom the invoice should be sent to)								
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)							

FOR OPTIONAL USE BY THE EXAMINATION 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):