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Johannesburg, 2029
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Please refer to our Website (www.saiw.co.za) for any further information

PF 28 : SAQCC - NDT : Certification Application Form

SAQCC NDT CERTIFICATION APPLICATION FORM

(Please complete in legible block letters)

CANDIDATE NUMBER

Please indicate by crossing the appropriate block. Refer to website for additional information

NDT METHOD
(ISO9712)

Eddy Current Testing (ET)	Magnetic Testing (MT)	Penetrant Testing (PT)	Radiographic Testing (RT)	Ultrasonic Testing (UT)	Visual Testing (VT)
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QUALIFICATION LEVEL

Level 1	Level 2	Level 3

SECTOR / CATEGORY
(See Website for detail)

OR

LIMITED NDT METHOD
(ISO 20807)

Ultrasonic Testing Wall Thickness Testing (UTWT)	Radiographic Interpreters (RI)
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CERTIFICATION

	INITIAL <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	RECERTIFICATION <input type="checkbox"/>
INFORMATION REQUIRED <small>(Use of the attached SAIW Certification Form 42 - NDT LOGBOOK is encouraged – Also available from Website)</small>	ID <small>(F42 – Section 1)</small>	ID <small>(F42 – Section 1)</small>	ID <small>(F42 – Section 1)</small>
	VISION ACUITY <small>(F42 – Section 4)</small>	VISION ACUITY <small>(F42 – Section 4)</small>	VISION ACUITY <small>(F42 – Section 4)</small>
	TRAINING RECORDS <small>(F42 – Section 5)</small>	CERTIFICATE	CERTIFICATE
	EXAM RESULTS <small>(F42 – Section 7)</small>	CONTINUED SATISFACTORY WORK <small>(F42 – Section 6)</small>	EXAM RESULTS <small>(F42 – Section 7)</small>
	INDUSTRIAL EXPERIENCE <small>(F42 – Section 6)</small>		CONTINUED SATISFACTORY WORK <small>(F42 – Section 6)</small>
	DOH RT Safety (RT Only)		STRUCTURED CREDIT SYSTEM <small>(F42 – Section 8)</small>

CANDIDATE INFORMATION

Surname _____

First Name(s) - In Full _____

Identity / Passport No. _____

Postal / Residential Address _____ Code _____

E-mail Address _____

Tel No. _____ Cell No. _____

MANDATORY:	I/We declare that the information provided above and all supporting documentation is authentic and can be validated and neither myself nor my company had any involvement in the qualification examination.		
If not signed by the candidate, the application shall not be processed.	Candidate signature		Date
	_____	_____	_____

INFORMATION SUPPLIED BY CANDIDATE

The SAIW Certification (SANAS Accredited Certification body for SAQCC – NDT Scheme) verifies that the candidate has supplied the applicable documentation required for the relevant certification process

- | | | |
|----|---|--------------------------|
| a) | ID / Passport / Driver's License | <input type="checkbox"/> |
| b) | Vision Acuity | <input type="checkbox"/> |
| c) | Training Records | <input type="checkbox"/> |
| d) | Exam results | <input type="checkbox"/> |
| e) | Industrial Experience records | <input type="checkbox"/> |
| f) | Continued satisfactory work | <input type="checkbox"/> |
| g) | Structure Credit System | <input type="checkbox"/> |
| h) | Applicable secondary / Tertiary qualifications | <input type="checkbox"/> |
| i) | Applicable NDT Certification and / or DOH RT Safety Certificate | <input type="checkbox"/> |

C/B Representative		Signature	
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EMPLOYER / COMPANY / PERSON RESPONSIBLE FOR PAYMENT

Employer / Company Name	_____		
Contact Person	_____	Position held	_____
Postal / Business Address (Correct for invoicing purposes)	_____		
	Code	_____	
Tel. No.	Fax. No.	_____	
E-mail address	Cell No.	_____	
Order number	_____		

I/We undertake to pay, in full, all SAIW Certification fees before the start of the certification process. Payable fees are in accordance with the published scale of fees (see website)

Name of authorised company representative		Designation	
Signature		Date	

BANKING DETAILS

BANK	First National Bank	BRANCH	Hyde Park	BRANCH CODE	255 805
ACCOUNT NAME	SAIW Certification	ACCOUNT NO.	620 739 568 50	SWIFT CODE	FIRNZAJJ

CERTIFICATION ARRANGEMENTS

All certification related queries can be forwarded to SAIW Certification – Admin. Controller – Certification Mrs. Rencia Grundlingh , (rencia.grundlingh@saiw.co.za) / Fax (011 836 4132)

Incomplete submission of information shall delay the certification process, thus please submit all related information as part of the application process (Refer to the NDT logbook available on our website for guidance)

The candidate shall be issued with the Code of Ethics after the certification process is completed and prior to the issue of the certificate. Once the completed and signed Code of Ethics has been received by SAIW Certification shall the original certification be issued.

SAIW : OFFICE USE ONLY

EMPLOYER
(Ignore employer signatures of payment is made by candidate)