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Johannesburg, 2029
P.O. Box 527, Crown Mines, 2025

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

PF 27 : SAQCC - NDT : Re-Examination Application Form

SAQCC NDT L3 REWRITE EXAMINATION APPLICATION FORM

(Please complete in legible block letters)

CANDIDATE NUMBER

(If known, else number shall be provided during the training course)

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

NDT METHOD (ISO9712 : 2012)

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

Lev 3 : Basic	Lev 3 : Main Method
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SECTOR / CATEGORY

(See Website for detail)

EXAM PAPERS			TICK APPROPRIATE	DATE	
REWRITE EXAMINATION	BASIC	PART A	MATERIAL SCIENCE, PROCESS TECHNOLOGY, TYPES OF DISCONTINUITIES	<input type="checkbox"/>	_____
		PART B	CERTIFICATION BODY'S QUALIFICATION & CERTIFICATION SYSTEM	<input type="checkbox"/>	_____
		PART C	GENERAL KNOWLEDGE OF AT LEAST 4 METHODS (LEVEL 2) AT LEAST ONE VOLUMETRIC (UT / RT)	<input type="checkbox"/>	_____
MAIN METHOD PRE-REQUISITE FOR MAIN METHOD EXAMINATION: PASS GRADE IN LEVEL 2 PRACTICAL EXAMINATION FOR EACH MAIN METHOD					
REWRITE EXAMINATION	MAIN METHOD	PART D	GENERAL (LEVEL 3 KNOWLEDGE RELATING TO METHOD)	<input type="checkbox"/>	_____
		PART E1	SPECIFIC – CLOSED BOOK APPLICATION OF NDT METHOD (CODES, STANDARDS ETC.)	<input type="checkbox"/>	_____
		PART E2	SPECIFIC – OPEN BOOK – CODE BOOKS SUPPLIED APPLICATION OF NDT METHOD (CODES, STANDARDS ETC.)	<input type="checkbox"/>	_____
		PART F	ONE (OR MORE) NDT PROCEDURE(S) IN SECTOR OR CRITICAL ANALYSIS OF EXISTING NDT PROCEDURE	<input type="checkbox"/>	_____

CANDIDATE INFORMATION

Surname _____

First Name(s) - In Full _____

Identity / Passport No. _____

Postal / Residential Address _____

Code _____

E-mail Address _____

Tel No. _____ Cell No. _____

MANDATORY:	I declare that in the information provided above is accurate and true			
If not signed by the candidate, the application shall not be processed.	Candidate signature	_____	Date	_____

**ELIGIBILITY FOR QUALIFICATION EXAMINATION:
Candidate must supply Proof of training Record which confirms as follows:**

The SAIW Training Services (SAQCC - Authorised Training Organisation – ATO) verifies that the candidate has complied with the minimum requirements and access conditions for the ATO-NDT Training Course and has completed the course satisfactorily, through:

- | | | |
|----|--|--------------------------|
| a) | Daily attendance, and thus achieving the required minimum number of classroom training hours (as per ISO9712 : 2012) | <input type="checkbox"/> |
| b) | Participation in class activities & completing homework questionnaires, completing practical assignments and tasks | <input type="checkbox"/> |
| c) | Satisfactorily passing the end of course assessment (If applicable) | <input type="checkbox"/> |

ATB Representative	_____	Signature	_____
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The SAIW Qualification Body (SAQCC - Authorised Qualifying Body – AQB) verifies that the candidate has submitted valid vision acuity test results prior to writing the exam.
(Please refer to NDT Logbook available of our website for guidance)

- | | | |
|----|--------------------------|--------------------------|
| d) | Valid Vision Acuity test | <input type="checkbox"/> |
|----|--------------------------|--------------------------|

AQB 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 examination fees prior to the examination date in accordance with the published scale of fees.
(The candidate shall be issued with a booking confirmation for examination as soon as full payment has been confirmed)

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

BOOKING ARRANGEMENTS

All examination related queries can be forwarded to SAIW Certification – Admin. Controller – Examinations Mrs.Martie Beetge , (beetgem@saiw.co.za) / Fax (011 836 4132)

Initial examinations: Addressed during training course

Rewrite / Recertification: Refer to updated examination schedule or contact Me Beetge regarding availability and dates of required examinations. Send a completed application form together with proof of payment to Me Beetge.

The application form & proof of payment must reach the SAIW Certification at least **15 days** before the rewrite date.

CANCELATIONS ARE ONLY ALLOWED IF VERBALLY COMMUNICATED WITH MRS. BEETGE AT LEAST 15 DAYS BEFORE THE EXAMINATION. EXAM COSTS ARE SEPARATE FROM TRAINING COST AND AS PER PUBLISHED SCALE OF FEES.

Additional information can be found on our website: www.saiw.co.za

SAIW : OFFICE USE ONLY

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