52 Western Boulevard (off Main Reef Road) City West
Johannesburg, 2029
P.O. Box 527, Crown Mines, 2025

Telephone No. : +27 11 298 2111
Fax No. : +27 11 836 4132
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)

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)

CERTIFICATION

INFORMATION REQUIRED (Use of the attached SAIW Certification Form 42 - NDT LOGBOOK is encouraged – Also available from Website)	INITIAL ☐	RENEWAL ☐	RECERTIFICATION ☐
	ID (PF34 – Section 1) ☐	ID (PF 34 – Section 1) ☐	ID (PF 34 – Section 1) ☐
	VISION ACUITY (PF 34 – Section 4) ☐	VISION ACUITY (PF 34 – Section 4) ☐	VISION ACUITY (PF 34 – Section 4) ☐
	TRAINING RECORDS (PF 34 – Section 5) ☐	CERTIFICATE ☐	CERTIFICATE ☐
	EXAM RESULTS (PF 34 – Section 7) ☐	CONTINUED SATISFACTORY WORK (PF 34 – Section 6) ☐	EXAM RESULTS (PF 34 – Section 7) ☐
	INDUSTRIAL EXPERIENCE (PF 34 – Section 6) ☐	☐	CONTINUED SATISFACTORY WORK (PF 34– Section 6) ☐
	DOH RT Safety (RT Only) ☐		STRUCTURED CREDIT SYSTEM (PF 34 – Section 8) ☐

CANDIDATE INFORMATION

Surname _____

First Name(s) - In Full _____

Identity / Passport No. _____

Postal / Residential Address _____

_____ Code _____

E-mail Address _____

Tel No. _____ **Cell No.** _____

MANDATORY: If not signed by the candidate, the application shall not be processed.	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.		
	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		☐
b)	Vision Acuity	(Not older than 3 months of application date)	☐
c)	Training Records		☐
d)	Exam results	(Valid if within 2 years of original date of examination)	☐
e)	Industrial Experience records	(Approved by suitably qualified and certified individual)	☐
f)	Continued satisfactory work	(Either letter / company approval not older than 6 months of application date)	☐
g)	Structure Credit System		☐
h)	Applicable secondary / Tertiary qualifications		☐
i)	Applicable NDT Certification and / or DOH RT Safety Certificate		☐

C/B Representative	_____	Signature	_____

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 ndt@saiw.co.za

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.

TRAINING	EXAMINATION	**CERTIFICATION**