

## SAIW Certification NDT Scheme ISO 9712 Transition

## Transition arrangement (Please complete in legible block letters)

**CANDIDATE  
NUMBER**

(If known, else number shall be provided)

**REGION**

JHB

DBN

CPT

Other

**NDT METHOD**  
(ISO 9712 : 2012)

Eddy Current  
Testing (ECT)

Magnetic  
Testing (MT)

Penetrant  
Testing (PT)

Radiographic  
Testing (RT)

Ultrasonic  
Testing (UT)

Visual Testing  
(VT)

**QUAL. LEVEL**  
(1, 2 OR 3)

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

**LIMITED NDT METHOD**  
(ISO 9712 : LIMITED)

Ultrasonic Wall Thickness Testing  
(UT 1.WT)

Radiographic Interpreters  
(RT 2. INT)

**SECTOR / CATEGORY**  
(See Website for detail)

Pre and In-Service Testing

**Statutory Dept. of Health (DOH)**

**MANDATORY CERTIFICATION REQUIREMENT:**  
Successful completion of an approved Radiographic Testing Level 1  
course. Candidate to be older than 18 years to be registered as  
Radiation Worker

Radiographic Safety (RS)

### 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 declare that in the information provided is accurate and true

Candidate signature

Date

### Candidate must supply documentary evidence as follows:

- |    |  |                          |
|----|--|--------------------------|
| a) | ID / Passport / Driver's License   | <input type="checkbox"/> |
| b) | Current Vision Acuity (Not older than 6 months)                                  | <input type="checkbox"/> |
| c) | Training Records   | <input type="checkbox"/> |
| d) | Exam results   | <input type="checkbox"/> |
| e) | Industrial Experience records / Continued satisfactory work – Verifiable Logbook | <input type="checkbox"/> |
| f) | Current Company Authorisation  | <input type="checkbox"/> |
| g) | Current NDT Certification  | <input type="checkbox"/> |
| h) | Applicable secondary / Tertiary qualifications                                   | <input type="checkbox"/> |
| i) | Applicable NDT Certification and / or DOH RT Safety Certificate                  | <input type="checkbox"/> |

## ELIGIBILITY CONDITIONS FOR TRANSITION TO ISO 9712 - SAIW Certification

1. The intention of the transition examinations is to allow current and experienced NDT technicians, not having any ISO 9712 personnel certification, to be allowed to write the ISO 9712 qualification examination directly. Please note that no 'grandfather clause' shall be applicable and only by passing the ISO 9712 qualification examination shall personnel certification be granted, once the relevant experience and submitted records have been confirmed.
2. Certain relaxed conditions (if the relevant documentary evidence is provided for eligibility motivation) shall apply, in order to encourage experienced and operating NDT technicians to comply with as little effort and cost as possible. These include:
  - 2.1. **No re-training is mandated.** Proof of training indicating the company / person that provided the training as well as the duration must be supplied as part of the application process. Refresher courses should however be considered. **ISO 9712 Qualification Examination shall be written at the current level of operation, subject to submission of company authorisation / certification.** Supportive evidence must verify that the candidate is an experienced NDT technician operating in this method, sector and at this level for a period of 1 year at level 1, 2 years at Level 2 and 3 years at Level 3 (No reductions or duplication of time is allowed). Documentary proof must contain the following:
    - 2.1.1. Examination results of all related examinations undertaken and passed as part of the authorisation (company certification) or other process, must be submitted
    - 2.1.2. Current company authorisation / company certification
    - 2.1.3. Signed and verifiable logbook indicating active participation within the relevant NDT methods applied for at least two years, providing proof that the candidate is an experience NDT technician – refer to applicable time periods for Level 1, 2 and 3.
    - 2.1.4. Current Vision acuity certificate
  - 2.2. Should the candidate be regarded as an experienced NDT technician based on supportive evidence provided, then the **ISO 9712 Qualification Examination** shall be provided at the following prices:

Transition exams cost - 2022	
Cost per NDT method (VAT Included)	R 5,435.00
<b>Certification is included in abovementioned price</b>	
Rewrite cost per paper / sample / film set / written instruction is R 1045 (VAT Incl.)	

- 2.2.1. A full qualification examination shall be written including the General, Specific and Practical. The pass mark for each paper / sample shall be  $\geq 70\%$ .  
(No average mark  $\geq 80\%$  shall apply since this is mandated within the Company authorisation process and subject to SNT-TC-1A specification)
- 2.2.2. The Level 3 examination shall be as per normal with Basic required before main methods are completed. A full level 2 practical shall also be required as per ISO 9712 requirements.
- 2.2.3. Two rewrite opportunities shall be allowed within a two year period of the initial transition examination.
- 2.3. **ISO 9712 Certification** shall be performed, as per the normal process, after the qualification examination has been successfully completed, based on records submitted as part of transition process.

The SAIW Certification (SANAS Accredited Certification body for SAIW Certification – NDT Scheme) verifies that the candidate has supplied the applicable documentation required for the relevant ISO 9712 transition arrangement and certification process			
AQB Representative (Examination)	_____	Signature	_____
PCB Representative (Certification)	_____	Signature	_____

**SAIW : OFFICE  
USE ONLY**

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	_____

**EMPLOYER / COMPANY / PERSON RESPONSIBLE FOR PAYMENT**  
(Ignore employer signatures if payment is made by candidate)

BANKING DETAILS					
BANK	First National Bank	BRANCH	Hyde Park	BRANCH CODE	255 805
ACCOUNT NAME	South African Institute of Welding	ACCOUNT NO.	505 236 54 470	SWIFT CODE	FIRNZAJJ
BOOKING ARRANGEMENTS					
All examination related queries can be forwarded to <a href="mailto:cert@saiw.co.za">cert@saiw.co.za</a>					
Initial examinations: Send a completed application form together with proof of payment to <a href="mailto:cert@saiw.co.za">cert@saiw.co.za</a>					
The application form & proof of payment must reach the SAIW Certification at least <b>15 days</b> before the examination date.					
<b>CANCELATIONS ARE ONLY ALLOWED IF COMMUNICATED VIA E-MAIL AT LEAST 15 DAYS BEFORE THE EXAMINATION. EXAM COSTS ARE SEPARATE FROM TRAINING COST AND AS PER PUBLISHED SCALE OF FEES.</b>					

Additional information can be found on our website: [www.saiw.co.za](http://www.saiw.co.za)