



SAQCC NDT L1 & L2 REWRITE EXAMINATION APPLICATION FORM

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)
				Level 1	Level 2

QUALIFICATION LEVEL

SECTOR / CATEGORY

(See Website for detail)

OR

LIMITED NDT METHOD

(ISO 20807 : 2006)

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

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)

	EXAM PAPERS	TICK APPROPRIATE	DATES
REWRITE EXAMINATIONS (Please note that only 2 rewrite opportunities are allowed)	GEN	<input type="checkbox"/>	_____
	SPEC	<input type="checkbox"/>	_____
	PRAC	<input type="checkbox"/>	_____
		WI	_____
	NO OF SAMPLES	_____	_____

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 SAQCC - Authorised Training Body – ATB 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)
- b) Participation in class activities & completing homework questionnaires, completing practical assignments and tasks
- c) Satisfactorily passing the end of course assessment (If applicable)

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

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)

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 cert@saiw.co.za

Initial examinations: Addressed during training course

Rewrite / Recertification: Refer to updated examination schedule regarding availability and dates of required examinations. Send a completed application form together with proof of payment to cert@saiw.co.za - **Cost will be R1 045-00 per paper**

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)

Applicable only to Radiation Safety

INFORMATION TO BE SUPPLIED TO NELSON MANDELA METROPOLITAN UNIVERSITY

	IONIZING RADIATION SAFETY ION2	EXAMINATION RESULT
SURNAME		
NAME		
ID-NUMBER		
E-MAIL ADDRESS		
FAX NUMBER		
TELEPHONE NUMBER		
MOBILE TELEPHONE		
HOME ADDRESS		
POSTAL ADDRESS		
COMPANY NAME		

NB: Please attach copy of ID-book or passport