

# 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

## SECTOR / CATEGORY

(See Website for detail)

EXAM PAPERS			TICK APPROPRIATE	DATE
BASI	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				
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:

If not signed by the candidate, the application shall not be processed.

I declare that in the information provided above is accurate and true

Candidate signature

Date

<b>ELIGIBILITY FOR QUALIFICATION EXAMINATION:</b> <b>Candidate must supply Proof of training Record which confirms as follows:</b>			
<b>The SAQCC - Authorised Training Organisation – ATB verifies that the candidate has complied with the minimum requirements and access conditions for the ATB-NDT Training Course and has completed the course satisfactorily, through:</b>			
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"/>	
<b>ATB Representative</b> _____		<b>Signature</b> _____	
<b>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.</b> <div style="text-align: right; font-size: small;">(Please refer to NDT Logbook available of our website for guidance)</div>			
d)	Valid Vision Acuity test	<input type="checkbox"/>	
<b>AQB Representative</b> _____		<b>Signature</b> _____	
<b>EMPLOYER / COMPANY / PERSON RESPONSIBLE FOR PAYMENT</b>			
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 _____			
<b>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.</b> <div style="text-align: center; font-size: small;">(The candidate shall be issued with a booking confirmation for examination as soon as full payment has been confirmed)</div>			
<b>Name of authorised company representative</b> _____		<b>Designation</b> _____	
<b>Signature</b> _____		<b>Date</b> _____	

<b>BANKING DETAILS</b>					
<b>BANK</b>	First National Bank	<b>BRANCH</b>	Hyde Park	<b>BRANCH CODE</b>	255 805
<b>ACCOUNT NAME</b>	SAIW Certification	<b>ACCOUNT NO.</b>	620 739 568 50	<b>SWIFT CODE</b>	FIRNZAJJ
<b>BOOKING ARRANGEMENTS</b>					
All examination related queries can be forwarded to SAIW Certification – Admin. Controller – Examinations <a href="mailto:theresia.vanzyl@saiw.co.za">theresia.vanzyl@saiw.co.za</a>					
<b>Initial examinations:</b>		Addressed during training course			
<b>Rewrite / Recertification:</b>		Refer to updated examination schedule to Thersia van Zyl – 011 298-2130 regarding availability and dates of required examinations. Send a completed application form together with proof of payment to Thersia van Zyl  The application form & proof of payment must reach the SAIW Certification at least <b>15 days</b> before the rewrite date.			
<b>CANCELATIONS ARE ONLY ALLOWED IF VERBALLY COMMUNICATED WITH THERSIA VAN ZYL 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)