



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

Telephone No. : +27 11 298 2100

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)

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REWRITE EXAMINATION	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:	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 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:

- 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 theresia.vanzyl@saiw.co.za

Initial examinations: Addressed during training course

Rewrite / Recertification: 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 **15 days** before the rewrite date.

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.

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