



52 Western Boulevard (off Main Reef Road) City West
 Johannesburg, 2029
 P.O. Box 527, Crown Mines, 2025
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Please refer to our Website (www.saiw.co.za) for any further information

SAIW NDT CERTIFICATION APPLICATION FORM
 (Please complete in legible block letters)

CANDIDATE NUMBER _____

Please indicate by crossing the appropriate block.

NDT METHOD (ISO9712)	Eddy Current Testing (ET)	Magnetic Testing (MT)	Penetrant Testing (PT)	Radiographic Testing (RT)	Ultrasonic Testing (UT)	Visual Testing (VT)
				Level 1	Level 2	Level 3
QUALIFICATION LEVEL						
SECTOR / CATEGORY						

OR

LIMITED NDT METHOD (ISO 20807)	Ultrasonic Testing Wall Thickness Testing (UTWT)	Radiographic Interpreters (RI)
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CERTIFICATION

INFORMATION REQUIRED (Use of the attached SAIW Certification Form 42 - NDT LOGBOOK is encouraged - Also available from Website)	INITIAL <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	RECERTIFICATION <input type="checkbox"/>
	ID (PF 34 - Section 1) <input type="checkbox"/>	ID (PF 34 - Section 1) <input type="checkbox"/>	ID (PF 34 - Section 1) <input type="checkbox"/>
	VISION ACUITY (near vision acuity & color contrast) (PF 34 - Section 4) <input type="checkbox"/>	VISION ACUITY (near vision acuity & color contrast) (PF 34 - Section 4) <input type="checkbox"/>	VISION ACUITY (near vision acuity & color contrast) (PF 34 - Section 4) <input type="checkbox"/>
	TRAINING RECORDS (PF 34 - Section 5) SAIW training records <input type="checkbox"/>	VALID CERTIFICATE <input type="checkbox"/>	CERTIFICATE <input type="checkbox"/>
	EXAM RESULTS (PF 34 - Section 7) <input type="checkbox"/>	VERIFIED CONTINUED SATISFACTORY WORK ACTIVITY (OVER THE LAST 5 YEARS) (PF 34 - Section 6) <input type="checkbox"/>	EXAM RESULTS (PF 34 - Section 7) <input type="checkbox"/>
	INDUSTRIAL EXPERIENCE (PF 34 - Section 6) <input type="checkbox"/>	PRACTICAL (50%) EXAMINATION RESULTS <input type="checkbox"/>	VERIFIED CONTINUED SATISFACTORY WORK ACTIVITY (OVER THE LAST 5 YEARS) (PF 34 - SECTION 6) <input type="checkbox"/>
	CODE OF ETHICS <input type="checkbox"/>	STRUCTURED CREDIT SYSTEM (PF 34 - Section 8) <input type="checkbox"/>	STRUCTURED CREDIT SYSTEM (PF 34 - Section 8) <input type="checkbox"/>
	DOH RT Safety (RT Only) <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/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 _____	_____

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INFORMATION SUPPLIED BY CANDIDATE

The SAIW Certification (SANAS Accredited Certification body for – NDT Scheme) verifies that the candidate has supplied the applicable documentation required for the relevant certification process

- | | | |
|----|--|--------------------------|
| a) | ID / Passport / Driver's License | <input type="checkbox"/> |
| b) | Vision Acuity (Not older than 3 months of application date) | <input type="checkbox"/> |
| c) | Training Records | <input type="checkbox"/> |
| d) | Exam results (Valid if within 2 years of original date of examination) | <input type="checkbox"/> |
| e) | Industrial Experience records (Approved by suitably qualified and certified individual) | <input type="checkbox"/> |
| f) | Continued satisfactory work (Either letter / company approval not older than 6 months of application date) | <input type="checkbox"/> |
| g) | Structure Credit System | <input type="checkbox"/> |
| h) | Applicable secondary / Tertiary qualification | <input type="checkbox"/> |
| i) | Applicable NDT Certification and / or DOH RT Safety Certificate | <input type="checkbox"/> |

C/B Representative _____

Signature _____

EMPLOYER / COMPANY / PERSON RESPONSIBLE FOR PAYMENT

Employer / Company Name _____

Contact Person _____ Position held _____

Postal / Business Address _____
(Correct for invoicing purposes)

Tel. No. _____ Code _____

E-mail address _____ Fax No. _____

Order number _____ Cell No. _____

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 authorized
Company representative:

Designation:

Signature: _____	Date _____	
BANKING DETAILS		
BANK First National Bank	BRANCH Hyde Park	BRANCH CODE 255 805
ACCOUNT NAME SAIW	ACCOUNT NO. 505 236 54470	SWIFT CODE FIRNZAJJ

CERTIFICATION ARRANGEMENTS

All certification related queries can be forwarded to cert@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.

SAIW : OFFICE USE ONLY

EMPLOYER
(Ignore employer signatures of payment is made by candidate)

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