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

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)
QUALIFICATION LEVEL				Level 1	Level 2	Level 3
SECTOR / CATEGORY						

OR

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

CERTIFICATION

INFORMATION REQUIRED (Use of the attached SAIW Certification Form 42 - NDT LOGBOOK is encouraged – Also available from Website)	**INITIAL** ☐	**RENEWAL** ☐	**RECERTIFICATION** ☐
	ID (PF34 – Section 1) ☐	ID (PF 34 – Section 1) ☐	ID (PF 34 – Section 1) ☐
	VISION ACUITY (near vision acuity & color contrast) (PF 34 – Section 4) ☐	VISION ACUITY (near vision acuity & color contrast) (PF 34 – Section 4) ☐	VISION ACUITY (near vision acuity & color contrast) (PF 34 – Section 4) ☐
	TRAINING RECORDS (PF 34 – Section 5) SAIW training records ☐	VALID CERTIFICATE ☐	CERTIFICATE ☐
	EXAM RESULTS (PF 34 – Section 7) ☐	VERIFIED CONTINUED SATISFACTORY WORK ACTIVITY (OVER THE LAST 5 YEARS) (PF 34 – Section 6) ☐	EXAM RESULTS (PF 34 – Section 7) ☐
	INDUSTRIAL EXPERIENCE (PF 34 – Section 6) ☐	PRACTICAL (50%) EXAMINATION RESULTS ☐	VERIFIED CONTINUED SATISFACTORY WORK ACTIVITY (OVER THE LAST 5 YEARS) (PF 34- SECTION 6) ☐
	CODE OF ETHICS ☐	STRUCTURED CREDIT SYSTEM (PF 34 – Section 8) ☐	STRUCTURED CREDIT SYSTEM (PF 34 – Section 8) ☐
	DOH RT Safety (RT Only) ☐		

CANDIDATE INFORMATION

Surname _____

First Name(s) - In Full _____

Identity / Passport No. _____

Postal / Residential Address _____

Code _____ _____

E-mail Address _____

Tel No. _____ **Cell No.** _____

MANDATORY:	**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.**			
If not signed by the candidate, the application shall not be processed.	Candidate signature	_____	Date	_____

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		☐
b)	Vision Acuity	(Not older than 3 months of application date)	☐
c)	Training Records		☐
d)	Exam results	(Valid if within 2 years of original date of examination)	☐
e)	Industrial Experience records	(Approved by suitably qualified and certified individual)	☐
f)	Continued satisfactory work	(Either letter / company approval not older than 6 months of application date)	☐
g)	Structure Credit System		☐
h)	Applicable secondary / Tertiary qualification		☐
i)	Applicable NDT Certification and / or DOH RT Safety Certificate		☐

C/B Representative	_____	**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 _____

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

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.

Only for Level 2 and 3 – Structured Credit System

Form 2R – Level 2 renewal			A minimum of 50 out of 100 points is required for any combination of the activities listed in Part A
Name		PCN number	
PCN certificate number		Expiry date	

☐ *I confirm that the points claimed in the table relate to activities in which I have taken part (verification of activities may be undertaken by PCN).*

**Certification year: the period of certification start date to one year later.*

Signed (PCN holder)		Date	

A	Training must be practically biased, with at least 75% supervised practical testing of relevant specimens.
B	The technical paper must be appropriate to the certificate for which renewal is sought; for example, it must cover elements of the published PCN syllabus for the certification concerned.
C	If there is more than one author, one half of the points will be awarded for each such paper.

	Activity	Points awarded (per unit activity)	Maximum points per year*	Year	Year	Year	Year	Year	Year	Total claimed	Maximum points per five years
Part A											
1	Performance of NDT activities in the method	2/day	25								95
2	Completion of continuation theoretical training in the method	1/day	5								15
3	Completion of continuation practical training in the method	2/day	10								25
4	Delivery of training in the method	1/day	15								75
5	Participation in research activities in NDT field or for engineering of NDT	1/week	15								60
	TOTAL Part A – Minimum of 50 required										270
Part B											
6	Participation in a technical seminar/paper in the method	1/day	2								10
7	Presentation of a technical seminar/paper in the method	1/presentation	3								15
8	Current individual membership in NDT or NDT-related society	1/membership	2								5
9	Technical oversight and mentoring in the method	2/mentee	10								30
10	Participation or convenorship in standardisation or technical committees	1/committee	3								15
11	Technical role within Certification Body	2/activity	10								30
	TOTAL Part B										105
	TOTAL Parts A and B										375

I confirm that the information contained in Form 2R is, to the best of my knowledge, accurate and correct (verification of activities may be undertaken by PCN).

(This must be signed by the employer, or sponsor if self-employed, and not by the person renewing the certificate, regardless of position within company.)

**Where the term 'year(s)' is noted in this table, this is specified as a certification year and not as a calendar year.*

Signed (employer/sponsor authentication)		Date	