



**APPLICATION FORM FOR
NON DESTRUCTIVE TESTING
RENEWAL CERTIFICATION LEVEL III
PERSONNEL**

According to:

EN 473 “Non destructive testing – Qualification and certification of NDT personnel – general principles”.

ISO 9712 “Non destructive testing – Qualification and certification of NDT personnel”.

NDTC 001 “Procedure for awarding WIT certificates of NDT personnel according to ISO 9712 and EN 473 Industrial Sector : Pre and in-services testing of equipment, plant and structure”.

This form shall be send back to WIT

Welding Institute of Thailand (WIT)
Thai-French Innovation Centre building,
King Mongkut’s University of Technology North Bangkok,
1518 Pibulsongkram Rd., Bangsue, Bangkok, 10800

(6 months before renewal certification)

NOTE: 1 form is required for each main NDT method for which certification is applied



List of abbreviations used in the different procedures

WIT	Welding Institute of Thailand
NDTC	Non Destructive Testing Committee of WIT



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1. CERTIFICATION METHOD APPLIED FOR RENEWAL

Level 3 NDT Method for which renewal certification is applied :
(Tick the method applied for renewal)

PT	MT	RT	UT

Note: In case of several methods renewal by the candidate, fill an application form each method.

2. APPLICATION'S DETAILS

Card Number :
End of validity :

Note : 2 (1 inch size) new photographs shall be attached with this application.

CANDIDATE

Name:.....Surname:
Personal address (street and No.):
Town:..... Post code:
Personal telephone number:.....
Birth date: Birth place:
Country: Nationality:
Social security number:.....

CURRENT EMPLOYMENT DETAILS

Company name :
Activity :
Service :
Department :
Address (street and No.):
Town:..... Post code:.....
Telephone number: Fax number
E-mail :.....

3. EMPLOYMENT HISTORY, POSITION AND RESPONSIBILITIES



List all employers from initial certification (Continuing on a separate sheet if necessary)

Employer's name	Period of engaging date	Job description

3.1 POSITION IN THE COMPANY (KEY TASK TO APPRECIATE HIS COMPETENCY)

3.1.1 Position and responsibilities (If necessary, use another page sheet)

The candidate has to give his position in his Company, and precise his job reference, his hierarchical and functional responsibilities, and also his important report related with NDT in the Company.



3.1.2 Candidate's position in the company organisation (Organisation chart or apart and place your name on this organisation chart)



3.2 Certifications

3.2.1 WIT Certifications already obtained in Non Destructive Testing

Method	Level	Card number	End of validity

4. WORK DESCRIPTION (From the initial certification)

4.1 Principal activities (Industrial NDT activities carried by the candidate directly in his company)

4.1.1 Specifications studies and writing test or/and security instruction

Task	To be completed
<ul style="list-style-type: none"> - standard, code or specification studies to be applied in the Company - client and principal specification studies, - writing internal NDT specifications (instruction...) to be used in the Company - writing safety and/or security instructions for NDT operators - Writing for suppliers or sub contracting specification. 	



4.1.2 NDT technical document Examination

Task	To be completed
<ul style="list-style-type: none"> - suppliers or sub contracting document verification (specifications, examination condition, etc...), - instruction, testing implementation etc (wrote in your Company by example level 2 - verification of report wrote by your Company or by suppliers or sub contractors, - in some degree, deviation process and attached expertise (with point 4.1.3) 	

4.1.3. Services in factory, on site or at the supplier factory

Description	To be completed
<p>These services are done for several reasons : inspection</p> <p>They may be followed by special actions realize by the candidate : practical work, analyze, review of an examination, technical assistance, etc...</p> <p><i>Be conscious that this is a major point to justify the industrial practical</i></p>	



**EXPERIENCE SUMMARY FOR THE LAST 5 YEARS (INCLUDED THIS YEAR)
IN THE METHOD APPLYING FOR RENEWAL**

MEHOD :

Year	Number of days	Brief description of level 3 work, examination scope and type of product tested



4.1.4 External contacts (suppliers, organizations, etc....)

Description	To be completed
<p>These contact may be brought by contractual obligations, or by a need to debate a technical point for an agreement. They may be done during the offer, manufacturing process, installation or operating</p>	

4.1.5. NDE operators practice and training for certification

Description	To be completed
<p>This item covers all the actions done for practice, training given to NDE personnel to pass certification examination or non NDE personnel. :</p> <ul style="list-style-type: none"> - for the employees of your Company - For employees of another Company <p>This item does not cover education given in public organization (see 4.2.3)</p>	

4.1.6. Testing implementation, means or examination improvement :
result on the design, etc..

Description	To be completed
<p>This item covers all research and development actions taken for an industrial application. Those actions may be during a problem at the equipment set up, etc...</p> <p>Give the all the treatment process with the related problem which has an impact on the design.</p>	



4.1.7 Others

Description	To be completed
Write here all your activities which can not be included in the previous items.	

4.2 Other activities (from the certification examination or recertification period)

Others activities are the one realise outside the Company.

4.2.1 Active contribution at technical meetings

Description	To be completed
<ul style="list-style-type: none"> - Conference, symposium, seminar etc attendance and chair of the session - round table conference attendance - corporate technical meeting attendance, etc... - trainee, etc... <p>This item does cover all standardization, code working group neither all the WIT certification work (see 4.2.4 & 4.2.5)</p>	

4.2.2 Article or conference publication

Description	To be completed
Give only the ones related to the method applying for or related to the method implementation on product or defect	



4.2.3 Formative participation in external training

Description	To be completed
<p>This item covers all the activities as an NDT formative in the public training center or in an technical education school (license, master, etc...) Give :</p> <ul style="list-style-type: none"> - the name of those training organization - the dates and course duration - the theory level of knowledge - the character of the theory and practical courses 	

4.2.4 Standardization technical activity related to the method applying for

Description	To be completed
<p>This item covers all the standardization activities, in the TIS, JIS, AFNOR, ISO, CEN , ASNT, etc..., organization or at a code working group as NDT Society, TWS, etc... or specifications or rules taken by national professional association</p>	

4.2.5 Activities in the WIT certification scope

Description	To be completed
<p>This item covers the activities :</p> <ul style="list-style-type: none"> - WIT NDT committee - WIT Welding committee - Examiner for WIT in Level 1 and 2 - Examiner for WIT in Level 3 - etc... 	



4.2.6. Others

Description	To be completed
All other pertinent activities which can not included in another point.	

5. PROFESSIONAL CODE ETHICS

5.1. Candidate's declaration and statement

The candidate, at the WIT certification, in their qualification level, as defined in the EN 473 et ISO 9712 standards certify the accuracy of this renewal application statement and I agree to comply with the following rules in the event that I should be certified :

- assume the NDT work with strong integrity, and in a fairness way related with all concerned people : employers, employees, clients or rival,
- the applicable regulations, codes, standards and technical documents for their NDT work ,
- apply or make apply the security rules needed at the NDT method regarding operators or public,
- inform the employer of all the condition which can not be apply regarding the above mandatory,
- report the NDT result only to third party commission by the employer,
- consider as confidential all the technical or other information's learn during a NDT mission,
- know and apply the in force qualification and certification rules,
- refuse to participate at any fraudulent action regarding certification regulation,
- keep to date NDT progress, participate to their evolution and inform their personnel,
- use their certification only in the related sector and level given by the validity of their certificate.

IMPORTANT : In addition, it's your responsibility, in the 6 months before the end of your certification, to take the administrative steps to renew your certification. The same process is applicable 5 years later for recertification.

Candidate, asking for certification, signature according EN 473 and ISO 9712, who knows that the WIT certification will be invalidate in case of failure to those regulations without prejudice against the WIT		
Date	Name – Given name	Signature



5.2. Employer's declaration

The WIT'S NDT certification candidate's employer certify the accuracy of this application form and commit to respect the following regulations :

Regarding third people

- To make the certified personnel (according EN 473 & ISO 9712 standards) realise the NDT examination when it's mandatory in the specification or product standard.

- make bad use of the certification of my personnel for example in advertising.
- not take advantage in the certification of my personnel in particular if the end of validity is out of date.

Obligations regarding the WIT

- know and apply the applicable qualification and certification regulations.
- to make use my NDP personnel in accordance with their activity field, method and competency level.
- refuse to participate at any fraudulent action regarding certification regulation,
- inform the WIT Quality assurance manager of all personnel misbehavior regarding deontology or important professional lack or any cause of suspension of the employer's authorization.

Obligations regarding my certified personnel

- to give the needed means to realize and interpret NDT examination done by my personnel.
- refrain from influence to modify the examination results.
- respect the deontology regulation, should the occasion arise, also at the personnel working for the certification.

I agree that if there is a lack in those rules, WIT may engage all action against me even proceedings.

IMPORTANT : In addition, if the personnel resign, it is the employer responsibility to give back the certification card after put a line through the employer's authorization and inform the comity of this modification.

Date	Name – Surname and Position	Signature & Company stamp



6. EMPLOYEMENT HYSTORY - ACTIVITY CERTIFICATE

PART TO BE COMPLETED BY THE CANDIDATE AND BY ALL EMPLOYERS

Attention is pointed to demonstrate activity continuity.

"By significant interruption, read, absence of change of activity which prevents the certificated individual from practicing the duties corresponding to his level in the method and sector(s) for a continuous period in excess of 1 year or two or more periods for a total time exceeding 2/5 of the total period of validity of the certificate..

Note : Legal holidays, or periods of sickness or courses of less than 30 days are not taken into account.

This form (related to professional experience), shall have the 2 signature of the candidate and the actual and previous, they agree that in case of application for several method, the interruption is taken into account for each different method.

APPLICANT'S DECLARATION

I, hereby

.....
Certify work in the NDT method.....

In which I'm certified Level 3 WIT from to date.....

(*) without interruption with interruption of continuous months **or**months in several periods

Signature : Date :.....

Actual Employer's certificate

I, hereby (Name & position)certify that

MR. work, relevant to level 3 certificate in the following method.....

As defined in his initially certification application from to date.....

(*) without interruption with interruption of continuous months **or**months in several periods

Signature :.....

Date :.....

Employer's stamp

(*) : Check and fill the chosen answer



Previous Employer's certificate

I, hereby (Name & position) :certify that
MR. work, relevant to level 3 certificate in the following method.....
As defined in his initially certification application from to

(*) without interruption with interruption of continuous months **or**months in several periods

Signature :.....

Date:.....

Employer's stamp

Previous Employer's certificate

I, hereby (Name & position) :certify that
MR. work, relevant to level 3 certificate in the following method.....
As defined in his initially certification application from to

(*) without interruption with interruption of continuous months **or**months in several periods

Signature :.....

Date:.....

Employer's stamp

According the employer statement, the Comity may verify the accuracy of those certificate.

(*) : Check and fill the chosen answer



8. Visual acuity examination certificate

(This page shall be the original or a copy certified accurate by the employer)

Name :

Surname :

Company :

- Following non-destructive methods applying by the candidate :

- * Radiography
- Magnetic particle
- Ultrasonic
- Penetrant

The candidate shall provide evidence of satisfactory vision as determined by an oculist, optometrist or other medically recognized person in accordance with the following requirements :

Near vision acuity shall permit reading a minimum of Jaeger number 1 or Times Roman N 4,5 or equivalent letters at not less than 30cm with one or both eyes, either corrected or uncorrected ;

Color vision shall be sufficient that the candidate can distinguish and differentiate contrast between the colors used in the NDT method concerned as specified by the employer.

GLOBAL RESULT OF THE EXAM ACCORDING EN 473 and ISO 9712

The candidate :

♦ have a satisfied near vision :

- . corrected glasses (*)
- . uncorrected (*)

♦ have a satisfied color vision (*) - don't have satisfied color vision (*)

Made at :.....Date :.....

**Stamp or name and location
of Physician who realized examination**

Physician Signature :.....

** : check the right answer*