

**APPLICATION FORM FOR  
NON DESTRUCTIVE TESTING  
RENEWAL CERTIFICATION II AND I  
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 Institute Technology North Bangkok,  
1518 Pibulsongkram Rd., Bangsue, Bangkok, 10800

(2 Month before renewal certification)

**NOTE:** This form is required a main NDT method for which renewal 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. INFORMATION RELATED TO DATE AND NATURE OF CERTIFICATION TESTS**

**1.1. Date of certification examination**

...../...../.....

**1.2 Testing method for which renewal certification is applied**

PT	MT	RT	UT	VT

**1.3 NDT Certifications: <sup>1</sup>**

**1.3.1 Did candidate already performed examination tests for method applied:<sup>2</sup>**

If yes : date of examination:

**1.3.2 Is candidate already certified in another NDT method by WIT ?**

**2. IDENTITY**

**2.1. Candidate**

Name:..... Surname: .....

Personal address (street and No.): .....

Town:..... Post code: .....

Personal telephone number:.....

Birth date: ..... Birth place: .....

Country: ..... Nationality: .....

Social security number:.....

**2.2. Passport photo**

2 passport photos shall be appended to this file (don't stick the photos)

**2.3. Employer**

Company name : .....

Activity : .....

Department : .....

Address (street and No.): .....

Town:..... Post code:.....

Telephone number: ..... Fax number .....

Name of the manager: .....

<sup>1</sup> A copy of results sheet shall be appended

<sup>2</sup> A copy of results sheet shall be appended



**3. EDUCATION**

**3.1 level of education gained by the candidate :** .....

**3.2 training followed in NDT method for which certification is applied**  
**Number of hours:** .....

**4. EXPERIENCE**

**4.1 number of months of activity in NDT method:** .....

**4.2 Function evolution**

Date		Job function	Society	Total experience in months
from	to			

**4.3 Detail of job function actually performed in applied method:** .....

**4.4 Complementary activities in field of NDT:** .....



## 5. PROFESSIONAL CODE OF ETHICS

### 5.1 Engagement of the candidate

Candidates to WIT Certification according their level of qualification as defined in standard EN 473 or ISO 9712 certify the accuracy of the present application form and will respect following rules when they will be certified:

- perform NDT works with strict honesty and in a spirit of equity regarding each people concerned: Employers, Employees, Clients or Competitors.
- apply or make apply rules in force, codes, standards as well as applicable technical documentation for testing works they are in charge.
- apply or make apply safety rules necessary for testing method used regarding operators or public.
- inform Employer regarding any circumstance not allowing application of above rules.
- diffuse testing results only to third parties appointed by Employer.
- consider as confidential any technical or other information collected during a testing task;
- know and apply certification rules in force.
- refuse to be associated to any fraudulent action regarding certification rules.
- be up to date of testing method progress, participate to their development and inform persons they are in charge about these developments.
- Use certification only in concerned sector and for level obtained during validity period indicated on certificate.

**Signature of testing agent certified according to ISO 9712 who recognizes knowing that certification is not more valid in case of violation to these rules, without prejudice WIT can bring proceedings against him**

Date	Name and Surname	Signature

### 5.2 Engagement of the employer

NDT agents Employers, candidates to WIT certification, undertake to:

Regarding third parties:

- make perform NDT works by certified NDT agents according to standard ISO 9712 " NDT personnel qualification and certification ' general principles" when required by specification or product standard.
- don't make excessive use of its certified agent e.g. for advertising.
- don't take advantage of their NDT agents particularly when date of validity ha expired.

Regarding WIT

- know and apply qualification and certification rules in force.
- use NDT agents appropriately regarding their activity field, testing method and competence level.
- refuse to be associated to any fraudulent action regarding certification rules.
- Report to WIT any action not in conformity with professional code of ethics or serious professional mistake of the agent or any reason of withdraws or works allowance.

Regarding certified agents:

- give necessary facilities for performing and interpret non destructive tests their agents have in charge.
- don't pressurize agents in order to modify tests results.
- Respect all code of ethics rules, should this happen, applicable to person in charge of certification.

**Employer recognizes knowing that certification is not more valid in case of violation to these rules, without prejudice WIT can bring proceedings against him.**

Date	Name , Surname and job function	Signature



**6. MEDICAL APTITUDE FOR TESTING METHOD APPLIED**

(to be filled by the doctor)

Name: .....

Surname: .....

Company: .....

Candidate is physically qualified for testing method applied:

YES

NO

Candidate shall have corrective glasses for testing method applied:

YES

NO

Candidate visual aptitude is satisfactory for testing method applied:

YES

NO

Result of ophthalmological examination

- **Jaeger test or equivalent (visiotest)**

Vision satisfactory with corrective glasses

Without corrective glasses

- **ISHIHARA Atlas**

Vision of colours satisfactory:  YES  NO

Made at....., Date.....

Stamp or Name and place of doctor  
Who realised examinations

.....

Signature of the doctor



## 7. SIGNATURES

### 7.1 Candidate engagement

I, undersigned (Name and Surname): .....

- Certify that information included in this file is true and agree that WIT, through the intermediary of its delegates, check the truth.
- Accept before handing final decision related to my candidature.
- Undertake to respect WIT certification rules as well as professional code of ethics and professional rules of art.

(See annex 2 " professional code of ethics" to be undersigned by the candidate)

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

Signature: (with before "Read and approved")

### 7.2 Employer attestation

I, undersigned (Name and function): .....

Acting in the Name of Company (Body or Authority) certifies the true of present file information.

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

Signature and Company stamp:





## Annex 1

- a) Organisation Chart.