



## Application for CBNDT Level 3 Examination

<b>Method</b>			
<b>Note:</b> <b>[1.]</b> Basic examination will remain valid provided that the first main method examination is passed within 5 years after passing the basic examination. A candidate holding a valid certification is exempt from the need to retake the basic examination. <b>[2.]</b> A certified level 3 individual changing sectors or adding another sector for the same NDT method is exempt from the need to retake the basic examination and the level 3 Part D of the main method examination <b>[3.]</b> A candidate who is level 2 in the same NDT method and product sector or who has successfully passed a level 2 practical examination for the NDT method in an industrial sector is exempt from passing again the level 2 practical examination. This exemption is only valid for the product sectors covered by the industrial sector concerned and, in any other circumstances, the relevant sector is the sector in which the candidate seeks Level 3 certification.			
<b>Please check the examination papers to be examined.</b> <input type="checkbox"/> Part A <input type="checkbox"/> Part D <input type="checkbox"/> Level 2 Practical except drafting of NDT instruction for Level 1 <input type="checkbox"/> Part B <input type="checkbox"/> Part E <input type="checkbox"/> Radiation Safety <input type="checkbox"/> Part C <input type="checkbox"/> Part F			
<b>Please attach following documents.</b> <input type="checkbox"/> Copy of your NIC/passport <input type="checkbox"/> Eye examination report <input type="checkbox"/> Copy of level 2 qualification certificate in the method of seeking level 3 (if practical exam is exempted) <input type="checkbox"/> Valid level 3 certification (if basic examination is exempted)			
Date qualified the level 2 practical examination			
Date qualified the basic examination (if applicable)		Part A	
		Part B	
		Part C	
<b>Personnel Details</b>			
Full Name of Applicant: Dr/ Mr/ Mrs/ Ms (in block letters)			
Personal Address			
Correspondence Address (if different from above)			
NIC No		Passport No (if any)	
Contact Information	Telephone		
	Email		
Emergency Contact	Name		
	Relationship		
	Telephone		



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Name to be displayed on the certificate (in block letters)	
<b>Employment Details (if applicable)</b>	
Organization Name and Address	
Job Title	
<b>Declaration by Applicant</b> <ul style="list-style-type: none"><li>I certify that the particulars furnished in this application are true.</li><li>I declare that I have read the examination regulations and I will not release confidential examination materials or participate in fraudulent test taking practices.</li></ul>	
Signature of Applicant: _____ Date: _____	
<b>Administration use only</b>	
Applicant's Name :	
Examination Admission No :	
Examination :	
Examination Duration :	
Validity of Eye Examination Report	<input type="text"/>