



NCBNDT Re-Certification Application Form

<p>Photo no1 (not older than 2 years): Paste here</p> <p>Photo no2: Clip with the application if applying for the</p>		NDT Method & Level to be Re-certified		
		NDT Method & Level seeking NDT re-certification according to ISO 9712:2021 Method: <input type="checkbox"/> ET <input type="checkbox"/> MT <input type="checkbox"/> PT <input type="checkbox"/> RT <input type="checkbox"/> UT <input type="checkbox"/> VT Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
		Sectors	Office Use Only	
<p>SNDT member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Address for Correspondence <input type="checkbox"/> Home <input type="checkbox"/> Organization</p> <p>Attachments</p> <p><input type="checkbox"/> Copy of NIC/Passport</p> <p><input type="checkbox"/> Eye Examination Report</p> <p><input type="checkbox"/> Copies of Qualification/certification Certificates</p> <p><input type="checkbox"/> Copy of Degree /Diploma Certificates (for Level 3 only)</p> <p><input type="checkbox"/> Industrial Experience Logbook</p>		<input type="checkbox"/> General Engineering (for Level 1)	CU No: IPC No : Initial Certification Application No: CI No: No of certifications issued to applicant before: Employee of NCNDT? <input type="checkbox"/> Yes <input type="checkbox"/> No Payment: Invoice No: Date of Invoice: Eye Examination Report verified? Requalified date (if any):	
		ET		<input type="checkbox"/> Pre and In-service Testing including manufacturing <input type="checkbox"/> Tubes <input type="checkbox"/> Wrought Products (plates)
		MT		<input type="checkbox"/> Pre and In-service Testing including manufacturing <input type="checkbox"/> Welds <input type="checkbox"/> Castings <input type="checkbox"/> Forgings
		PT		<input type="checkbox"/> Pre and In-service Testing including manufacturing <input type="checkbox"/> Welds <input type="checkbox"/> Castings <input type="checkbox"/> Forgings
		RT		<input type="checkbox"/> Pre and In-service Testing including manufacturing <input type="checkbox"/> Welds (Plate/ Pipe/ Tee)
		UT		<input type="checkbox"/> Pre and In-service Testing including manufacturing <input type="checkbox"/> Welds (Plate/ Pipe/ Tee)
		VT		<input type="checkbox"/> Pre and In-service Testing including manufacturing <input type="checkbox"/> Welds
Personnel Details				
Full Name of Applicant: Dr/ Mr/ Mrs/ Ms (in block letters)				
Address:				
NIC No:		Passport No:		
Telephone:		Email:		
Payment Details				
<input type="checkbox"/> Private <input type="checkbox"/> Company		Company SVAT Number:		
Invoice Address:				
Employment Details (if applicable)				
Name of Organization				
Work Address				

National Certification Body for Non Destructive Testing, Sri Lanka

Title: NCBNDT Re-Certification Application form

Doc No: NCBNDT/FRM/CU/RCA

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Rev No:02

Date of Rev: 01-01-2024



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Job Title				
Telephone:		Email:		
QUALIFICATION EXAMINATION Non-Destructive Testing Examinations on the method only – Please submit a copy of the certificate				
Method	Level	Course Duration	Training Hours	Training Provider
	1			
	2			
	3			
RE-QUALIFICATION EXAMINATION Non-Destructive Testing Examinations on the method only.				
Method	Level	Date of written examination	Certificate No	Date of Certificate
	1			
	2			
	3			
NDT PERSONNEL CERTIFICATION NDT personnel certification on other methods (highest level only)				
Method	Level	Date of written examination	Certificate No	Issued date
MT				
PT				
UT				
RT				
ET				
VT				
EDUCATION Level 3 applicants are required to submit copies of education certificate(s).				
College/ University	Degree or Certificate – Specialization		Length (Years)	Year
ACCOMMODATION OF SPECIAL NEEDS Please declare, within reason, a request for accommodation of special needs (if any).				



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NDT Industrial Experience summary on the method		
Date Range of Experience	From:	To:
Average hours (per week) of Experience Claimed for the Period:		
Total hours claimed within this time period:		
<p>I, the applicant, declare that the above summary is true and correct for the method seeking certification and I am continuing satisfactory work activity without significant interruption in the method and sector(s).</p> <p>Method:</p> <p>Sectors:</p> <p>Signature of Applicant: Date:</p> <p><i>Note 1: Significant interruption - absence or change of activity which prevents the certified individual from practicing the duties corresponding to the level in the method and the sector(s) within the scope seeking certification, for either a continuous period in excess of one year or two or more periods for a total time exceeding two years. Legal holidays or periods of sickness or courses of less than 30 days are not taken into account when calculating the interruption.</i></p>		
Statement by Referee		
Referee Name		
Organization		
Referee Relationship	Manager/Supervisor/Other	
Referee Contact Details	Mobile: Email Address:	
Referee's NDT Certifications (if any)		
<p><i>Note 2: Documentary evidence must be confirmed on the application by the employer or by any person authorized by the employer. The evidence must not be submitted, but to be archived with the employer.</i></p> <p>I declare,</p> <ul style="list-style-type: none">that I am an authorized person (e.g. Employer) and that I will take all the responsibilities that are conferred upon employer through (ref. NCBNDT/CU/INF/EMP).that the above information on NDT industrial experience supplied by _____ (applicant's name) and referee details are true and correct. <p>Signature of Referee: <div style="border: 1px solid black; width: 150px; height: 30px; display: flex; align-items: center; justify-content: center;">Seal</div></p> <p>Date:</p> <p>Name and Signature of the Head of the Division/Institute/Department:</p> <div style="border: 1px solid black; width: 150px; height: 30px; display: flex; align-items: center; justify-content: center;">Seal</div> <p>Date:</p>		



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Visual Acuity

Documentary evidence of a satisfactory visual acuity examination taken within the preceding 12 months (ref. NCBNDT/CU/FRM/EER);

Note 3: The vision certificate must be submitted as a copy and the original is to archive with the employer.

Code of Ethics

All personnel certified in accordance with the NCBNDT shall:

01. Be responsible to safeguard the life, health, property, and welfare of the public at all times and for the laws and statutory regulations.
02. Maintain the integrity and high standard of skills and practices in the profession of NDT at all times.
03. Accept obligations only for the areas of work for which you are competent and certified.
04. Be responsible for all work carried out by you or others under your supervision and control.
05. Associate with or permit to use skills and knowledge in the interest of the employer or client to whom they work in a truthful manner to the best of your ability
06. Provide professional advice, express opinions and make statements on the basis of adequate knowledge in truthful manner.
07. Continue development of the career and actively assist and encourage other NDT personnel to advance their knowledge and skills.
08. Be responsible for updating the current profile and NDT experience by reporting activities to the NCBNDT.
09. Undergo an annual test of visual acuity, and submit the results of the tests to the employer.
10. Notify NCBNDT and the employer in the event that the conditions for validity of certification are not fulfilled.

Improper conduct, malpractice and ruling of other jurisdictions may result in recommended disciplinary action by the NCBNDT.

Use of Certificates and Logos / Marks

Certified persons shall

- Comply with the relevant provisions of the certification scheme.
- Make claims only with respect to the scope for which certification has been granted.
- Not use the certification in such manner as to bring the NCBNDT into disrepute, and not make any statement regarding the certification which may be considered misleading or unauthorized.
- Discontinue the use of all claims to certification that contain any reference to the NCBNDT or to certification upon suspension or withdrawal of certification, and return any certificate(s) issued by the certification board.
- Not use the certificate in a misleading manner.

Declaration by Applicant

I declare that I agree to abide by the NCBNDT code and Ethics. I will inform the NCBNDT in written if

- The information given in the certificate is incorrect.
- I will no longer fulfill the certification requirements.

I understand that the NCBNDT is authorized to revoke the certificate if I counteract this declaration.

I accept that this certificate will not replace employer authorization to perform tests.

I declare that the information supplied in this application is true and correct.

The NCBNDT may gather any information necessary to determine my qualifications for certification.

I agree to provide a third party with my personal data if necessary to determine my qualifications for certification or to verify my certification.

The undersigned releases and discharges the NCBNDT from any and all liabilities which may arise on account of the undersigned's activities certified by the NCBNDT.

Signature of Applicant: _____

Date: _____

..... Certification Unit Director - NCNDT	Recommendation for Certification			TAC Meeting Date: Director General – SLAEB