

**PSL 57Q_NDT: APPLICATION FOR RENEWAL
OF A BINDT CERTIFICATE OF QUALIFICATION**

ISSUED UNDER THE IQB-QP1 PROCEDURE

When completed, submit directly to
BINDT Certification Services Division

Certification Services Division
Midsummer House
Riverside Way, Bedford Road
Northampton NN1 5NX
Tel: +44 (0) 1604 438 300
Email: pcn@bindt.org

GENERAL INFORMATION (please read carefully before completing application).

The certificate of qualification for in-service ultrasonic testing of shell boilers expires five years from the date of success in the examination, and may be renewed upon submission of evidence of continuity and satisfactory performance in the testing of shell boiler welds for a further five year period.

In the event that certificate of qualification for in-service ultrasonic testing of shell boilers has expired, the holder may apply for *late renewal* up to 12 months after the date of expiry (and no later) using PCN form PSL/28Q obtainable from BINDT. PSL/28Q may also be used by individuals who recognise in advance that, for whatever reason, they will be unable to submit their application for renewal by the expiry date, in which case they may apply on PSL/28Q for deferred renewal. It is emphasized that acceptance of an application for late or deferred renewal/recertification does not extend the validity of the certificate of qualification concerned.

Note: Use of the PSL/28Q procedure incurs additional charges.

In the event that the criteria for renewal are not met to the satisfaction of the Independent Qualification Governing Board (IQB), the applicant will be referred for re-qualification.

Eligibility for renewal is defined in terms of visual acuity and continuity in the application of the qualification concerned. Applicants will be required to supply verifiable evidence of satisfying all eligibility criteria and PCN publishes the following documents, all of which are available free of charge, for use in recording and providing such information in an acceptable format.

- PSL/44** PCN Vision Requirements, including optional form for recording results of tests
- IQB/QP1** Requirements for the Qualification of NDT Personnel for Ultrasonic Testing of Shell Boiler 'T' Butt (End Attachment) Welds and Shell Longitudinal Seam Welds and 'D' Patch Repair
- PSL-28Q** Applications for late/deferred renewal/recertification
- PSL-35** List of PCN fees

Once completed, this form and supporting information should be sent to BINDT Certification Services together with relevant supporting documentation and the applicable renewal fee.

Applications dependent upon the individual holding current valid PCN or other certification must be supported by acceptable evidence of such certification.

INFORMATION TO BE PROVIDED BY APPLICANT

If uncertain of the requirements, consult BINDT before proceeding. This application form asks for specific details on continuity and must be signed to the effect that these details are correct. In the event of a false statement being discovered, any certification awarded will be null and void. Please complete all of the following parts.



The British Institute of Non-Destructive Testing is an accredited certification body offering personnel and quality management systems assessment and certification against criteria set out in international and European standards through the PCN Certification Scheme.

PART 1. APPLICANT'S PERSONAL DETAILS (to be completed by all applicants)

Family name:		Given names:	
Usual residence, including post code:		Address, including postcode, to which any certificate, when issued, is to be sent.	
		By checking this box I am authorizing BINDT to send the certificate to the above address	<input type="checkbox"/>
Telephone number:		PCN number:	
E-mail address:		Date of birth (yyyy/mm/dd):	
National insurance or social security Number:			

PART 2. CURRENT EMPLOYMENT DETAILS (to be completed by all applicants)

Employer's name and address (including fax number, telephone number and post code):	
Applicant's position in the organisation:	Employment status (employed or self employed):

PART 3. EMPLOYMENT HISTORY (applicable to all applicants - list all employers during previous 5 years, continuing on a separate sheet if necessary.)

Employing organisation	Period of employment (from – to)	Contact name and telephone number for verification purposes

PART 4. VERIFIABLE EVIDENCE OF REVELANT BOILER ULTRASONIC INSPECTIONS

Verifiable experience of ultrasonic testing of shell boiler ‘T’ butt (end attachment) welds and shell longitudinal seam welds is essential for the renewal of a qualification. Evidence of at least one relevant ultrasonic test per annum to be completed by all applicants and verified by the boiler owner or a senior position holder within the applicant’s employing organisation.

Date of inspection	Location of boiler	Owner, class and serial No. of boiler.	Name and email/phone number of individual verifying

PART 5. VERIFICATION OF APPLICANT’S STATEMENT BY THE SPONSOR, EMPLOYER OR, IF THE APPLICANT IS SELF-EMPLOYED, A REFEREE.

To the best of my belief, the applicant's statement given above is correct at the time of signing.

NAME:..... SIGNATURE:

COMPANY: EMAIL:

TELEPHONE:

PART 6. PAYMENT (to be completed by all applicants - applicable sections only)

Are you VAT registered? Please provide VAT Number.	
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Payment type if not paying by card (please tick & complete as appropriate)

Cheque Enclosed?		Bank Transfer (BACS)		Purchase Order Number	
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Credit/Debit Card (provide details below)

Please tick the appropriate boxes:

For payment by credit card (tick relevant box):	<input type="checkbox"/> Visa		<input type="checkbox"/> MasterCard		<input type="checkbox"/> Amex		<input type="checkbox"/> Switch		
							<input type="checkbox"/> Issue No.		
Corporate/ company card				Personal Card					
Name as shown on the card:									
Card Number									
Signature of above named individual:									
Security code: (Last 3 digits on the security strip on reverse of the card)									
Card valid from:									
Card expiry:									
Billing address: (Address the invoice will be sent to, if Corporate card then address of company and name of whom the invoice should be sent to)									
Debit the above credit/debit card for the amount shown in respect of renewal fees	£		:						(including VAT)

*the last 3 figures on the security strip on the reverse of the card

PART 7. APPLICANT’S STATEMENT CONFIRMING ELIGIBILITY FOR QUALIFICATION RENEWAL

APPLICANT’S FULL NAME:

PCN NUMBER (if existing PCN certificate holder):

I have read and understand the BINDT Requirements for the qualification of NDT personnel for ultrasonic testing of shell boiler ‘T’ butt (end attachment) welds and shell longitudinal seam welds and ‘D’ Patch Repair, particularly the criteria for eligibility, and hereby confirm that I satisfy those criteria covering vision and experience applicable to the level and NDT method for which I am seeking renewal of qualification. In the event that the certificate of qualification is renewed, I agree to comply with the Code of Ethics published as PCN document CP27.

I understand that, in the event of a false statement being discovered, any certification awarded as a result of the examination will be null and void. I accept responsibility for payment of examination fees in the event of non-payment by the sponsor.

NOTE: BINDT will store and use the information given on this form only for the purpose for which it has been provided. Your personal details and any other data you provide to BINDT will not be passed on to a third-party without your permission.

BINDT would like to contact you from time to time to let you know about its other services that may be of interest, such as special offers and discounts, events and new products. If you are happy to be contacted by BINDT, please indicate by ticking the box below:

I am happy for BINDT to contact me with information that may be of interest []

You can subscribe or unsubscribe at any time, simply let us know.

SIGNATURE: **DATE:**

Attach a) vision test certificate (PCN PSL/44 may be used)

b) renewal fee (ensure part 6 of this form is appropriately completed); details of fees are available from BINDT and are published in document IQB/QP1. The fee for renewal of a BINDT qualification is the same amount as for the renewal of a PCN certificate.

c) details of any valid ultrasonic testing certificate of competence (PCN certificate holders need not provide such evidence so long as they have supplied their PCN number in part 1)

PART 8. FOR OPTIONAL USE BY BINDT

Date received		Application reference	
Invoice number		Invoice paid Y/N	
Qualification renewed date		New issue date	
New expiry date		Date application file closed	

PSL/44 VISION REQUIREMENTS – Issue 17

Dated 1st January 2018

Implementation date 1st February 2018

All PCN candidates and holders of PCN certification shall have natural or corrected vision satisfying the following minimum requirement:

PCN will recognise the Tumbling E Chart as a satisfactory near vision test please refer to BS EN ISO 18490 previously NANDTB 24 which has been superseded <http://www.eminspection.co.uk/visiontests/>. (Existing documentation or Tumbling E vision test charts that continue to state NANDTB/24 remain valid but ISO 18490 is the standard that must be adhered to.)

The candidate shall provide documented evidence of satisfactory vision in accordance with the following requirements:

- A. Corrected or uncorrected near-vision acuity shall permit reading a **minimum of Times Roman N4.5 or equivalent letters** (having a vertical height of not more than 1.6 mm – see note 1) at not less than 30 cm.
- B. Colour vision (see note 2) shall be sufficient that the candidate can distinguish contrast between the colours or shades of grey used in the NDT method concerned as specified by the employer see PSL/44 ANNEX A for employer guidance.

Subsequently to certification, the tests of visual acuity shall be carried out at least annually. Records of tests shall be retained by the employer or responsible agency and provided to PCN upon request. Failure to do so will invalidate all PCN certification.

NOTE 1. Laminated hand held vision test charts are available from a number of suppliers, including the Institute of Optometry*. Further information may be obtained from the Certification Services Division of the British Institute of NDT. *<http://www.ioosales.co.uk/html/practice/eye06B.html>

NOTE 2. All candidates and holders of PCN certification will be required to have had colour perception assessed by the Ishihara 24 plate test. *For VT and CRT the candidate is usually required to undergo both the Ishihara and Grey scale tests, however, the employer will need to confirm with the AQB. For Film RT and Film RI the grey scale may be sufficient without the need for the Ishihara plate test, this shall be confirmed by the employer.* The test is required every five years. **In the event that a colour perception deficiency, indicated by misreading any of the first 17 plates, is detected during the Ishihara test, a further 'trade test' is to be carried out by the employer to ascertain whether the detected colour perception deficiency affects the individual's ability to perform the NDT for which he is certificated.** This trade test is to be documented and the record of the test made available to BINDT upon request.

In such cases as a new medical issue arises candidates are required to undergo further eye examinations as some medical conditions such as diabetes or a major medical condition can affect both near vision and colour perception.

Forms overleaf may be used to record the results of near vision, colour perception and contrast tests.

BINDT accepts that a *nominated official of an Authorised Qualifying Body, a PCN Level 3 certificate holder or other medical professional, having documented proof of satisfactory training in the administration of the test, and is medically recognised as competent to conduct such tests for candidates and holders of PCN certification.

**nominated officials must provide proof of appropriate training upon request by BINDT.*

RECORD OF VISION TESTS

Name of individual tested: _____ PCN number: _____

Address: _____

Telephone: _____ Email: _____

Employer: _____

RESULT OF NEAR VISION TEST (record the smallest text capable of being read).	
CORRECTED	UNCORRECTED
Times Roman N: _____, or Jaeger number: _____	Times Roman N: _____, or Jaeger number: _____
RESULT OF NEAR VISION TEST – Tumbling E Option (candidates should correctly identify 5 out of 5 on each line, and lines 1-9)	
CORRECTED	UNCORRECTED
Line 1 Pass/Fail Line 2 Pass/Fail Line 3 Pass/Fail Line 4 Pass/Fail Line 5 Pass/Fail Line 6 Pass/Fail Line 7 Pass/Fail Line 8 Pass/Fail Line 9 Pass/Fail	Line 1 Pass/Fail Line 2 Pass/Fail Line 3 Pass/Fail Line 4 Pass/Fail Line 5 Pass/Fail Line 6 Pass/Fail Line 7 Pass/Fail Line 8 Pass/Fail Line 9 Pass/Fail
RESULT OF ISHIHARA COLOUR VISION TEST Record the Ishihara test results, and indicate if an alternative (trade) test is suggested.	
Please state number of Ishihara plates correctly interpreted: Failure to record this will result in vision test being rejected (MINIMUM OF FIRST 17)	Record of Ishihara plates failed (the test administrator may, optionally, provide comment on the nature of colour perception deficiency):
RESULT OF GREY SCALE TEST	
Which grey scale test was used?	Number of correct readings given for Dr Kolbl ONE/TUV/BV Eye Examination (20 minimum) Pass/Fail (delete as appropriate) The Skerik grey scale test: - Contrast modification – It is required that the contrast of 2% and above shall be clearly discriminated on pattern while contrast of less than 1% shall not be visible. Pass/Fail (delete as appropriate)

RESULT OF COLOUR VISION TRADE TEST (WHERE NECESSARY - SEE NOTE 2) The employer should state the NDT methods and associated colours used by the employee:			
NDT METHOD	ASSOCIATED COLOURS	COLOUR DIFFERENTIATION	CONTRAST DETECTION
RESULT OF OPTIONAL FAR VISION TEST			
CORRECTED		UNCORRECTED	
Corrected far vision acuity shall have a minimum value of 0.8 (or imperial measurement 6/7.5 i.e. the candidate will be able to read the characters on the line marked 7.5 M-units at a distance of 6 metres). Pass/Fail (delete as appropriate)		Uncorrected far vision acuity shall have a minimum value of 0.8 (or imperial measurement 6/7.5 i.e. the candidate will be able to read the characters on the line marked 7.5 M-units at a distance of 6 metres). Pass/Fail (delete as appropriate)	
DETAILS OF PERSON CARRYING OUT AND RECORDING ANY OF THE ABOVE TESTS			
Signature:		Name of tester:	
		Date of test:	
		Expiry date of test:	
		(note: maximum 12 months from date of test but may be prior to that)	
Organisation and telephone number (please use official stamp if available):			