

**BINDT Certification Services**  
**Central Records Office**  
**Northampton NN1 5AA**  
**United Kingdom**  
**Tel: +44 (0) 1604 259 056**  
**e-mail: pcn.cro@bindt.org**



**PSL/57WIR (WELD INSPECTION - RENEWAL) ISSUE 2 rev A DATED 4<sup>th</sup> September 2007**

**GENERAL INFORMATION** (please read carefully before completing application).

PCN certificates have an issue status of either 01 or 02. Certificates at issue 01 are eligible for renewal, whilst certificates at issue 02 must be recertified.

Issue 01 certificates may be renewed following a review of satisfactory verifiable evidence that:

- The holder has a record of continuous satisfactory work activity, without significant interruption, in inspection and/or testing work appropriate to the scope of the certificate.
- Maintained or updated his or her knowledge in the relevant technology.

This form (PSL/57WIR) is only to be used to apply for renewal of PCN weld inspection certification. Please use PSL/57WIA for initial examination, recertification, or retest of failed examinations. Form PSL/30(I) is to be used to record the minimum inspection experience required to gain and maintain PCN certification.

**PART 1 - PERSONAL DETAILS**

Family name:		Given names:	
Candidate's usual residence, including post code (this is the address that will be shown on the certificate):		Address, including postcode, to which the PCN certificate, when issued, is to be sent.	
		By checking this box I am authorizing PCN to send the certificate to the above address	
Telephone number:		PCN number:	
National insurance or social security number:		Date of birth (yyyy/mm/dd):	
E-mail address:			

**PART 2 - CURRENT OR MOST RECENT EMPLOYMENT**

Employer's name and address (if self employed, state this here):	
Telephone:	e-mail:
Applicant's position in the organisation:	Name of manager or supervisor:
I have been employed by the above organisation from: _____ to: _____	



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 5 - CANDIDATE'S STATEMENT CONFIRMING ELIGIBILITY FOR RENEWAL**

I have read and understand PCN Requirements for the certification of personnel engaged in Inspection, particularly the criteria for eligibility, and hereby confirm that I satisfy those criteria covering vision, training and experience. I understand that, in the event of a false statement being discovered, any certification awarded will be null and void.

In the event that I should be awarded PCN certification, I hereby undertake to comply with the PCN Code of Ethics (published as PCN document CP/27).

I understand that BINDT will hold and use personal data supplied by me for administration purposes. These purposes have been notified under the Data Protection Act 1998. The data may also be used to send separate unsolicited mailings\* containing details of changes to certification rules, new certification services, continuing professional development information, etc..

SIGNATURE: ..... DATE: .....

\* You have the right to ask BINDT not to send such mailings. If you do not wish to receive this information from BINDT, please tick this box . You also have the right of access to personal data that we hold about you, on payment of an access fee not exceeding £10.

Send correctly completed application form to: BINDT Certification Services  
Central Records Office  
1 Spencer Parade  
Northampton NN1 5AA  
United Kingdom

- Attach** a) vision test certificate (PCN PSL/44 may be used).  
b) a record of experience using form [PSL/30\(I\)](#)  
c) the current renewal fee (unless part 7 of this form is appropriately completed); details of certificate renewal fees are provided in PCN documents PSL/35.

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**PART 6 - VERIFICATION OF CANDIDATE PROVIDED INFORMATION**

(to be completed by the sponsor, employer or, if the candidate is self-employed, a referee)

To the best of my belief, the information provided by the applicant named in Part 1 of this form is correct at the time of signing.

NAME:	COMPANY:
POSITION:	TELEPHONE:
E-MAIL:	
SIGNATURE:	DATE:

**PART 7 - PAYMENT**

Name and address for invoice (if different from applicant's), including telephone/fax/email:				
Preferred method of payment (bank draft, BACS, cheque, credit card):				Tick box if cheque enclosed:
Company order reference:				
For credit card payment, tick the relevant box and provide issue and expiry dates:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Switch
Issue date:	Expiry date:			
Name on card:				
Card number:				
Security code (last 3 figures on the security strip on the reverse of the card):				
Signature of above named individual:				
Address of credit card holder:				
Debit the above credit/debit card for the amount shown in respect of exam fees (for current renewal fee refer to PCN document PSL/35)				£                    : <hr/> (including VAT)

**FOR BINDT USE**

Application number: \_\_\_\_\_ Date received \_\_\_\_\_

Company Order No: \_\_\_\_\_ BINDT Invoice No: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Allocation: \_\_\_\_\_

Payment received: \_\_\_\_\_ Renewal authorised (Y/N): \_\_\_\_\_

Categories awarded: \_\_\_\_\_ New expiry date: \_\_\_\_\_

Authorising signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised by (name): \_\_\_\_\_ Position: \_\_\_\_\_

Dispatch date: \_\_\_\_\_ Dispatcher's Initials: \_\_\_\_\_

Comments and details of any verification sought/obtained: