Certification Services Department
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PSL/57-CM **Issue 13 dated 20th August 2026**

APPLICATION FOR:

(A) INITIAL EXAMINATION FOR CERTIFICATION IN CONDITION MONITORING

All application requirements are specified in the relevant General requirements documents, CMGEN.

This application is used **for one certificate only**.

Applicants will be required to supply verifiable data in support of this application.

This form also serves as verification of identity from the applicant.

All parts of this form must be completed in full, except where fields are noted as 'voluntary' due to European or various national laws on disclosure.

The examination or assessment fees (Initial, renewal, supplementary, re-test and re-certification) are outlined in PSL/35-CM.

Verification of Identity

The PCN-CM wallet card/certificate requires a recent photograph of the holder that is verified by an appropriate witness.

Please supply two passport size photographs, signed by the appointed witness, who completes the 'witness detail' field below.

PLEASE NOTE THAT IF A CANDIDATE ALREADY HOLDS A VALID PCN CERTIFICATE THERE IS NO FURTHER REQUIREMENT FOR PHOTOGRAPHS OR A WITNESS STATEMENT VERIFICATION

WARNING. Any proven case of forgery or misrepresentation will result in the cancellation of all PCN certification and the offender will be prohibited from regaining any PCN certification for a period of not less than one year.

For Condition Monitoring Exams held outside of Europe, applications must be received two weeks prior to the exam date to ensure successful delivery of the exam pack to the Invigilator.

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. © 2026 The British Institute of Non-Destructive Testing. All Rights Reserved. This document is protected by UK and international copyright laws and remains the intellectual property of BINDT. Reproduction and distribution of the document without the written permission of BINDT is strictly prohibited.

Applicant details *(* indicates voluntary fields)* Please print:

Title (Mr, Mrs, Miss, Dr, other): _____

Surname: _____

First Name(s):_____

Home Address: _____

_____

_____ Postcode:_____

Country: _____

*Telephone number**: _____

Email address: _____@ _____

*Date of Birth**: _____

*Identity number** *(NI, passport, I.D.#)*: _____

PCN number (if exists): _____

Date: _____

GENERAL DATA PROTECTION REGULATION (GDPR) –

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.

Please write your **SIGNATURE** neatly within the box below. This will be on your certificate.

Witness Declaration

***** The witness must be a professional person not related to the applicant or his employer.

I, (full name of witness) _____

Occupation: _____

Verify that the signed photographs, by the applicant, are a true likeness and were verified in my presence.

Witness Signature: _____

Address: _____

Telephone number(for validation):* _____

Email: _____

PCN number of witness (if applicable): _____

Address for posting of certificate and Result notice

Post to home address ☐ or employers address ☐

NOTE TO CANDIDATES
Please be aware that if you reside outside of Europe, then it is our policy to send all the relevant PCN documentation to the Test Centre at which the PCN Exam was sat.
This is to maintain a high level of commitment to our Candidates to ensure that all PCN documentation (that includes a vast amount of personal detail) arrives safely.

BINDT may, at their discretion, make accommodation for candidates with conditions that may require some form of compensation (e.g. dyslexia), please declare this at the time of application submission.

EXAMINATION APPLIED FOR *(please tick boxes - see notes below)*

Condition Monitoring Method and Category (and sector for IRT)	Category 1	Category 2 (See Note 2)	Category 3	Category 4
Vibration Analysis	☐	☐	☐	☐
Lubrication Analysis	☐	☐	☐	
	Lab ☐	Lab ☐	Lab ☐	
	Field ☐	Field ☐	Field ☐	
Acoustic emission	☐	☐	☐	
Ultrasound	☐			
Infrared thermography (general)	☐	☐	☐	
Infrared thermography (civil) [see Note 1]		☐	☐	
Infrared thermography (machinery) [see Note 1]		☐	☐	
Infrared thermography (electrical) [see Note 1]		☐	☐	

Category 1 held (Mature Candidate) ☐
Examination type: Initial ☐
Retest of failed examination ☐
Stand-alone IRT supplementary ☐
IRT supplementary taken **WITH** initial IRT examination ☐
Recertification ☐

CM Applicants only: Please indicate your preference for an examination date and location	
NOTE 1: Category 2 and Category 3 thermography requires a general paper with the chosen sector paper(s)	NOTE 2: Mature Candidate entry at Category 2 requires providing evidence of training and experience that satisfies the requirements for both Category 1 & Category 2 qualifications, where no Category 1 has previously been held in the method. Please **TICK** Category 1 held box if previously held

PRE-CERTIFICATION TRAINING

Name of the approved training organisation that provided the required training.

_____

Title of training course: _____

Dates of course.

From: To:

Duration of course: _____Total number of hours

ADDITIONAL INFORMATION TO BE PROVIDED BY CANDIDATE

CURRENT EMPLOYER'S DETAILS

Name

Address

Post code Country

Telephone* e-mail

EMPLOYERS VERIFICATION OF THE CANDIDATE'S DECLARATION

To the best of my knowledge, I verify that the candidate's statement and all data given above are correct at the time of signing.

NAME: …….. SIGNATURE: ……..

COMPANY: ……

ADDRESS: ……

……

TELEPHONE NUMBER: ……

A NOTE TO ALL APPLICANTS FOR THERMOGRAPHY -

When you are completing details of your experience, we suggest you complete your own spreadsheet to include all relevant details. For example, when calculating the hours spent on any given task/project, include all the hours involved, i.e. preparation on site; time spent downloading images; and writing the report.

PRE-EXAMINATION/ASESSMENT EXPERIENCE

The relevant General requirements document (CM/GEN) details the industrial experience required before a certificate can be issued.

If the applicant does not have sufficient experience, they can still attend the relevant examination or assessment, but certification will not be completed until BINDT receives post-examination experience on PSL/30-CM.

If you have no experience before attending the training course then you must say here
'NO EXPERIENCE', and submit a PSL/30-CM form later.

Employer- where most experience has been gained

Name of Organisation: Telephone number: Name of Supervisor/Manager:
Period of experience. From: To: (must be relevant to the method claimed)

LIST OF OTHER EMPLOYERS	Period from/to	Person to contact for verification
	to	Name: e-mail:
	to	Name: e-mail:
	to	Name: e-mail:
	to	Name: e-mail:
	to	Name: e-mail:
	to	Name: e-mail:

LIST OF RELEVANT EXPERIENCES

(MUST BE IN THE METHOD RELEVANT TO THE CERTIFICATE)

VA= Vibration Analysis, AE= Acoustic Emission, IRT = Thermography, LA = Lubrication Analysis, US = Ultrasound;

CM Method	Details of this experience or work task (what, where, why)	Dates from/to	Person to contact for verification
		to	Name: e-mail:
		to	Name: e-mail:
		to	Name: e-mail:
		to	Name: e-mail:
		to	Name: e-mail:
		to	Name: e-mail:
		to	Name: e-mail:
		to	Name: e-mail:

CANDIDATE'S DECLARATION [compulsory- must be completed]

I confirm that:

A. I have read and understand the relevant General and Specific requirements documents applicable to the CM Method Category indicated in this application;

B. I understand and satisfy the criteria for eligibility;

C. I will abide by the PCN Code of Ethics (see below);

D. All information provided by me in support of this application is accurate. I understand that in the event of a false statement being discovered, any certification awarded will be cancelled.

E. I accept responsibility for payment of fees in the event of non-payment by the sponsor.
And I authorise BINDT to use the data provided by me for administration purposes only.

Signature of declaration: _____

I attach with this application the following:

a) ☐ training certificate/declaration

b) ☐ two witnessed passport photographs.

METHOD OF PAYMENT

Are you VAT registered? **Please provide VAT Number.**	

Payment type if not paying by card (please tick & complete as appropriate)

Bank Transfer (BACS)		**Purchase Order Number**	

Credit/Debit Card (provide details below)								
Please tick the appropriate boxes:								
For payment by credit card (tick relevant box):	Visa	☐	MasterCard	☐	Amex	☐	Switch 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)**	
Please debit the above credit/debit card for the amount shown (applicants must enter the correct amount, which can be ascertained from document PSL/35-CM):	£ : (including VAT)

CODE OF ETHICS FOR PCN CERTIFICATE HOLDERS

Derived from CP27 and applies to all testing personnel (NDT & CM) certificated by PCN.

Individuals certified within the PCN Scheme must recognise that personal integrity and professional competence are the fundamental principles on which their testing activities are founded. Consequently, it is required that all PCN certified NDT personnel subscribe to a "Code of Ethics" designed to protect the integrity of any NDT processes and inspections in which they may become involved.
The integrity of NDT and CM processes and the people performing those processes is a fundamental requirement in ensuring that the inspections performed remain at the highest possible level in terms of quality and reliability. Consequently, BINDT and industry at large expect all PCN certified NDT and CM personnel to conduct themselves in an ethical and morally acceptable manner at all times whilst performing their NDT/CM duties.

It is a condition of PCN certification that certificate holders are expected, as a minimum to understand, acknowledge and abide by this code of ethics and the principles contained herein. It is a requirement that all PCN applicants and certificate holders acknowledge, by signature below, that they have read, understood and acknowledge this code of ethics and hereby agree to abide by them at all times whilst engaged in PCN certified NDT and/or CM activities.
I, the undersigned, undertake to:

1. comply with this code of ethics;
2. apply themselves correctly and to maintain high levels of integrity, honesty, skill and proficiency in the conducting of NDT
3. undertake only those non-destructive testing assignments for which they are competent by virtue of their training, qualification and experience. i.e. to only perform inspections commensurate with their level of certification in the applicable test disciplines.
4. perform all inspections to the best of one's ability at all times and to resist any outside pressures that they consider may have the potential to affect the integrity, honesty, quality or outcome of any testing performed. Any such undue pressures should be reported to the employing management/supervision and BINDT.
5. only sign documents for work of which they have personal professional knowledge and/or direct supervisory control;
6. engage, or advise the engagement of, such specialists as are required to enable assignments to be properly completed;
7. conduct themselves in a responsible manner and utilize fair and equitable business practices in dealing with colleagues, clients and associates;
8. at all times, be aware of and uphold the provisions/ requirements of codes, regulations and standards under which they are working;
9. immediately report to their supervisor/employer any perceived violation(s) of codes, regulations or standards. In the event that their supervisor/employer provides no satisfactory explanation or takes no corrective action, the certified individual shall report the situation direct to the British Institute of NDT;
10. perform their professional duties with proper regard for the physical environment and the safety, health and well-being of the public;
11. protect to the fullest extent possible, consistent with the well being of the public and the provisions of this code of ethics, any information given to them in confidence by an employer, colleague or member of the public;
12. avoid conflicts of interest with the employer or client, but when unavoidable, forthwith disclose the circumstances to the employer or client;
13. strive to maintain their proficiency by updating their technical knowledge as required to properly practice NDT in the certified methods and levels.
14. indicate to the employer or client any adverse consequences which may result from an overruling of their technical judgment by a non-technical authority;
15. not falsify nor permit misrepresentation of their own or their associate's academic or professional qualifications, training, experience or work responsibilities;

16. refrain from making unjustified statements or from performing unethical acts which would discredit the PCN scheme;
17. immediately report to the British Institute of NDT any perceived or known fraudulent use of PCN certification, including the use of forged or false PCN certification.
18. immediately report to the British Institute of NDT any perceived violation(s) of this code of ethics;
19. immediately report to the British Institute of NDT any attempt to pressure or force an individual certified under the PCN Scheme to violate this code of ethics;
20. inform their employer in the event that their PCN certificate is suspended, cancelled or withdrawn.

Failure to comply with the above code of ethics will be dealt with under arrangements for handling complaints and appeals (PCN document CP21 refers).
REMINDER: PCN certificate holders are reminded that they should be aware of the consequences that may arise from any failure to comply with this code of ethics including the consequences of in-service failures and any ongoing effect on the health and safety of persons, plant, equipment and the environment.

I acknowledge I have read and understand the PCN "Code of Ethics" and hereby give my commitment to abide by those principles in the performance of my NDT duties whilst certified by PCN.

Name:

Signed:

Date: