

PCN24/PSL57WI_A

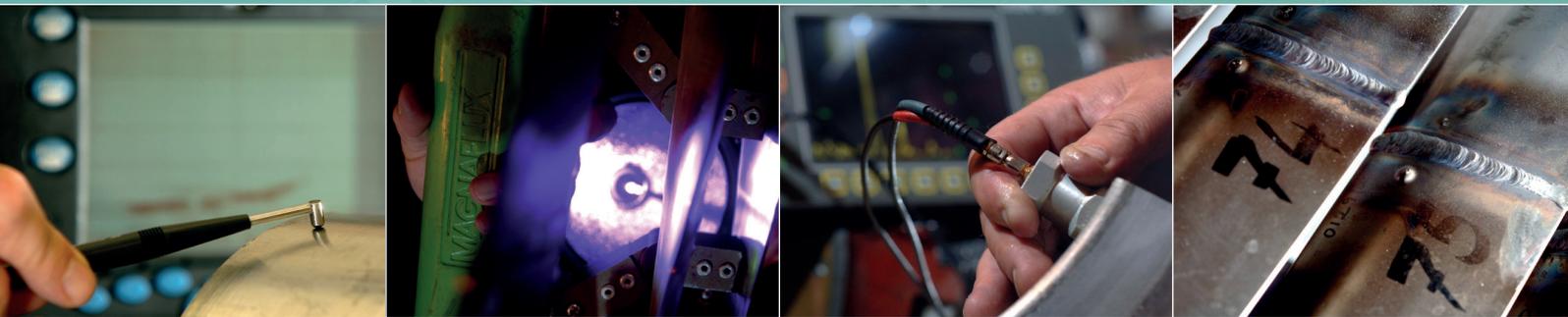
Weld inspection – Examination application

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A division of

BINDT
THE BRITISH INSTITUTE OF
NON-DESTRUCTIVE TESTING



For use when applying for initial, retest or recertification examinations. When completed, submit directly to the examination centre.

General information

Please read carefully before completing application

All candidates for PCN examination are required to fulfil the conditions for eligibility specified in clause 7 of the current edition of PCN24/GEN – General requirements for qualification and PCN certification of NDT personnel. Eligibility is defined in terms of visual acuity and colour perception, training and experience. Candidates 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:

- **PCN24/PSL30** – Mandatory requirement form for recording pre-certification experience.

Supervision of a candidate using PCN24/PSL30 – Gaining experience by non-destructive testing (NDT) personnel certificated under the PCN Scheme or by non-certificated personnel who, in the opinion of the Authorised Qualifying Body (AQB), possess the knowledge, skill, training and experience required to properly perform such supervision. The AQB will check the supervisor's welding inspection (WI) experience.

(This note refers to the supervision of the candidate for weld inspection examination only).

- **PCN24/PSL44** – PCN vision requirements, including an optional form for recording results of tests.

Initial enquiries for examination appointments may be made to the examination centre by telephone; however, no examination appointment can be considered confirmed until a correctly completed application form and supporting information have been received. Applications should be legibly completed.

Once completed, this form and the supporting information should be sent to the PCN examination centre, together with relevant payment information or examination fees. One application form is to be submitted in respect of each examination applied for. Candidates not already having a PCN identity card will need to provide one passport photograph on the day of examination. Please enquire beforehand whether photographic facilities are available at the examination centre.

Applications dependent upon the individual holding (or having held) appropriate certification must be supported by acceptable evidence of such certification. If a photocopy is attached to this application as evidence, the candidate will be required to show the original on the day of the examination.

Where marks from earlier examinations are to be included in the examination grade, the candidate should supply the relevant examination results notice (or, where unavailable, verifiable information from which the date and scope of the examination and the PCN examination centre where the examination took place can be ascertained). Failure to comply with this requirement may result in a refusal to examine.

Information to be provided by the candidate

Complete parts 1 to 6 inclusive

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

Part 1. Candidate's personal details	
PCN number:	
Family name:	
Given name(s):	
Date of birth (DD/MM/YYYY):	
Gender (optional):	
Candidate's usual residence, including postcode (<i>address that will be shown on the certificate</i>):	
Address, including postcode, to which the PCN certificate, when issued, is to be sent:	
By checking this box, I am authorising PCN to send the certificate to the above address	
Telephone number: <i>(include area code/international area code)</i>	
Email address:	
It may be possible to make provision in PCN examinations for disabled candidates. If you are disabled, please bring this fact to the attention of the examining body.	
Part 2. Current employment details – PCN24/PSL30 should be used to record past employment	
Employer's name and address, including postcode: <i>(If self-employed, please state this here)</i>	
Telephone number:	
Email address:	
Candidate's position in the organisation:	
Name of manager or supervisor:	

Part 3. Examination applied for – Provide information indicated or tick relevant boxes		
Preferred examination date:		
Preferred examination venue:		
Code, specification or standard (<i>in full</i>) chosen for use in welding inspector examinations:		
Welding Inspector	Senior Welding Inspector	
Initial examination	Retest	Recertification

Part 4. Pre-certification training – Attach evidence of satisfactory completion of a PCN-approved training course or provide the following details for classroom training			
Name of training organisation and title/reference of relevant training course:			
Dates of course:	From:		To:

Part 5. Experience – Please provide a brief description of the nature and duration of your employment as a weld inspector. Continue on a separate sheet or use PCN24/PSL30 if necessary

Part 6. Candidate’s statement confirming eligibility for examination

I have read and understand the 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. In the event that I should be awarded PCN certification, I agree to comply with the PCN Code of Ethics (published as PCN document PCN24/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:	
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Attach

- Vision test certificate (PCN24/PSL44 may be used), unless the vision test is arranged at the examination centre.
- Evidence of experience (PCN24/PSL30 is a mandatory requirement).
- Correct examination fee (unless Part 8 of this form is appropriately completed); details of fees are available from the examination centre).

Bring

- One passport photograph (unless already a holder of a PCN e-certification issued within the past ten years or if photographs are to be taken at the examination centre – check beforehand if facilities are available on site).
- Your PCN record of certification.

Part 7. Verification of candidate’s statement by the sponsor, employer or, if the candidate is self-employed, a referee

To the best of my belief, the candidate’s statement given in Part 6 is correct at the time of signing.

Name:	
Company:	
Position:	
Telephone number:	
Email address:	
Signature:	
Date:	

Part 8. Payment – Complete applicable sections only

Tick if VAT registered	
Please provide VAT number	

Payment type, if not paying by card (please tick and complete as appropriate):

Bank transfer (BACS)	Purchase order number	
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Credit/debit card (provide details below):

Please tick the appropriate boxes:		
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex
<input type="checkbox"/> Corporate/company card		<input type="checkbox"/> Personal card
Name as shown on card:		
Card number:		
Signature of above-named individual:		
Security code (last three digits on the security strip on reverse of 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 PCN24/PSL35):	£	(including VAT)

There will be an administrative charge for rejected applications, please refer to PCN24/PSL35.

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.

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