Certification Services Department Midsummer House, Riverside Way Bedford Road, Northampton NN1 5NX, United Kingdom

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PSL/30-CM-Marine

LOG OF POST EXAMINATION EXPERIENCE (CM/Marine)

(After examination)

Candidates are required to provide evidence of experience, which may be gained before, during or after the qualification examination or assessment. For initial examination or assessment, any pre-certification experience may be recorded on the PSL/57-CM form. For those who need to submit record of experience after the initial assessment or initial examination, please use this PSL/30-CM-Marine form. However, a PCN certificate will not be issued until all prerequisite experience, as defined in the relevant General Requirements document for the relevant method and Category is acquired and reported to PCN. Please list all employers during the period in which experience was gained.

Please attach additional information on a separate sheet if there is not enough space

PERSONAL DETAILS (* indicates voluntary fields)

| Family name: | | | | |
|----------------|---------------|------------------------|--|--|
| Given name(s): | | | | |
| NI number*: | | PCN number (if known): | | |
| Home address: | | | | |
| | | | | |
| Post code: | Telephone num | Telephone number*: | | |
| E-mail: | @ | | | |

<u>NOTE</u>: 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.

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

For additional entries please attach a separate page

LIST OF RELEVANT EXPERIENCES

(MUST BE IN THE METHOD RELEVANT TO THE CERTIFICATE)

VA= Vibration Analysis, AE= Acoustic Emission, IRT = IR Thermography, LM = Tribology; M= Marine Technology

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