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PSL/28 ISSUE 18 DATED 1st April 2018

IMPLEMENTATION DATE: 1st May 2018 (THIS ISSUE CAN BE ACCEPTED BY PCN PRIOR TO 1ST MAY)

APPLICATIONS FOR LATE / DEFERRED APPROVAL

SCOPE

Please note in the case of Late/Deferred Approval this does not extend the validity of certification, it only extends the time in which certification can be revalidated.

Candidates shall not attempt to book a recertification examination nor shall the AQB confirm an examination booking until the status of the deferred/late application is confirmed i.e. approved or declined by BINDT. Requirements of PSL28 must be followed.

This document sets out the procedure for applying for late/deferred approval up to 10 calendar months after the date of expiry of certification or applications incomplete after expiry.

Application forms are attached.

TERMS AND DEFINITIONS

A comprehensive list of terms and definitions can be found within the main requirements document PCN/GEN.

Late approval: Applications made after the date of expiry given on the certificate. Candidates shall apply for a late approval once their certificate has expired. The late approval can be submitted up to 10 months after the expiry date of the certificate.

Deferred approval: Applications made before the date of expiry given on the certificate.

If the 6 week rule for recertification has not been followed, the candidate shall apply for deferred approval from BINDT and must then apply to an AQB for a recertification exam.

o extensions to the maximum five year period of validity are permitted according to ISO 9712.

REFERENCES

CP16	PCN Level 1 and Level 2 certificate renewal without examination
CP17	PCN Level 3 recertification without examination via a credit system
PCN/GEN	General requirements for the certification of personnel engaged in NDT
PSL/35	PCN charges for certification services
PSL/4	List of Authorised Qualifying Bodies

GUIDANCE NOTES

Please read the guidance notes carefully before completing the application form attached.

1. PCN certificates cease to be valid upon the date of expiry given on the certificate, and applicants cannot claim to have held valid certification after this date. No extensions to the maximum five year period of validity are permitted according to ISO 9712.
2. Applications and payment for deferred approval MUST be received by PCN before the certificate expiry date. Payment shall be received before any application decision can be delivered.
3. Applications may be refused, in which case the PCN team shall advise the candidate on the next steps to be followed, depending on the issue of the certificate concerned.

Fees are charged in respect of increased administration involved at PCN Certification Office and there will be an administrative charge for rejected applications, please refer to PSL-35.

4. PCN policy for late/deferred approval is to issue a letter of authorisation which shall be presented to the AQB together with the application PSL-57B for recertification. Without such authority, the application may be refused.
5. Successful exam results received for the certificate concerned with this approval will be validated from the exam date and valid to the previous certificate date minus a day.
6. The usual recertification fees remain payable.

PSL/28 - APPLICATION FORM FOR LATE/DEFERRED APPROVAL

Part A (to be completed by the applicant).

1. Details of candidate and certificate

ALL PARTS OF THE FORM ARE MANDATORY UNLESS STATED OTHERWISE E.G. OPTIONAL

FAMILY NAME			
GIVEN NAME(S)			
DATE OF BIRTH		GENDER (optional)	
ADDRESS			
TOWN/CITY		POSTCODE/ZIP CODE	
AREA/REGION			
TELEPHONE NO			
EMAIL ADDRESS			
PCN NUMBER			
CERTIFICATE NUMBER		EXPIRY DATE	

2. Please explain why late/deferred approval is required:

3. Have you been regularly engaged, without significant interruption, in applying Non-Destructive testing appropriate to the PCN certificate concerned during its period of validity?

Please state YES or NO: _____

Completed applications should be sent to the BINDT Certification Records Office via the following methods:
Applications should be posted or emailed to:

- Email: pcn@bindt.org

APPLICANT'S DECLARATION

I agree to comply with the PCN Code of Ethics (published as [CP27](#)) and understand that the PCN certification detailed in section 1 above ceased/ceases to be valid upon the expiry date on the certificate, and that I cannot claim to have held a valid PCN certificate for any NDT appropriate to this certification since its expiry date.

I further understand that, should the application for late/deferred approval be accepted, any certificate subsequently resulting from the application will expire on a date five years after expiry of the certificate it supersedes.

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.

The applicable fee at the current rate is enclosed herewith. There will be an administrative charge for rejected applications.

SIGNATURE	
FULL NAME (IN CAPITALS)	
DATE	

PART B - CURRENT EMPLOYMENT DETAILS - TO BE COMPLETED BY THE EMPLOYER

NOTE. If the applicant is self-employed, this section should be completed by a representative of a company for which the applicant regularly carries out NDT.

EMPLOYER'S NAME	
ADDRESS	
TOWN/CITY	
AREA/REGION	
POSTCODE/ZIP CODE	
EMAIL AND TELEPHONE	

EMPLOYER'S DECLARATION

I confirm that the information given in all parts of this application is, to the best of my knowledge, accurate, and that the applicant has regularly carried out NDT for the above company to my satisfaction. I agree to comply with the PCN Code of Ethics (published as [CP27](#)).

SIGNATURE	
FULL NAME (IN CAPITALS)	
POSITION	
DATE	

PAYMENT

<p>Are you VAT registered? Please provide VAT Number.</p>	
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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)								
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):	£ : (including VAT)							

There will be an administrative charge for rejected applications, please refer to PSL-35