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

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PSL/57WIR ISSUE 6 DATED 1ST April 2018

IMPLEMENTATION DATE: 1st MAY 2018 (this issue can be accepted by PCN prior to 1st May)

WELD INSPECTION - RENEWAL APPLICATION

To ensure continuity, applications for renewal <u>shall</u> be submitted <u>no later than 6 weeks</u> prior to the expiry date. If the renewal/recertification application has been submitted in time but the application is not complete by the expiry date of the certificate, then the candidate must apply for a late application* and shall incur the financial penalty.

*reference form PSL/28

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 <u>renewal</u> of PCN weld inspection certification. Please use PSL/57WIA for initial examination, recertification, or retest of failed examinations.

Form PSL/30 is to be used to record the minimum inspection experience required to gain and maintain PCN certification.



PART 1 - PERSONAL DETAILS

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email: Name of manager	or supervisor:		
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Name of manager			
Name of manager	to:		
	Expiry Date: Address, incertificate, By checking the certificate	Expiry Date: Address, including postcode, certificate, when issued, is to By checking this box I am aut the certificate to the above a PCN number: Date of birth (dd/mm/yyyy)	Expiry Date: 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 PCN number: Date of birth (dd/mm/yyyy):

BINDT Invoice No	Date payment re and amount		
Renewal authorised	Categories award		
New expiry date	Certificate dispat	tch	
Authorised by (name)	Position		
Authorising signature		Date	

PART 3 - CONTINUITY OF WELD INSPECTION EXPERIENCE (Please provide inspection duties carried out over the past 5 years (Actual manual inspection duties, not witness of inspection) one statement per year must be stated and include verifiable details of at least one weld inspection task per annum on PSL/30 PART 4 - CONTINUING PROFESSIONAL DEVELOPMENT SPECIFIC TO WELD INSPECTION INCLUDING DATES (please provide a detailed description of the nature and duration of relevant further training (external or on-the-job), membership of a relevant professional society, or attendance at events that may be considered as providing professional development during the past five tears – continuing on a separate sheet if necessary)

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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 CP27).

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:

Send correctly completed application form to: E-mail: pcn@bindt.org OR

Post: Certification Services Division

Midsummer House

Riverside Way, Bedford Road

Northampton NN1 5NX

ATTACH

- a. PCN Vision Requirements, including optional form for recording results of tests vision test certificate issued within the preceding 12 months (PSL44 may be used)
- b. a record of experience using form PSL/30
- c. Certification fee (see part 5 of this form)

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

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

Are you VAT registered?	
Please provide VAT Number.	

Payment tyne	if not naving	by card (please tick a	& complete as	annronriate)

Cheque	Bank	Transfer	Purchase	Order		
Enclosed?	(BACS	5)	Number		ı	

Credit/Debit Card (provide details below) Please tick the appropriate boxes:

For payment by credit							Switch	
card (tick relevant box):	Visa			MasterCard		Amex	Issue No.	
Corporate/ company card					Personal	Card	140.	
Name as shown on the card	l:							
Card Number								
Signature of above named i	ndividua	ıl:						
Security code: (Last 3 digits on the security strip of the card)	on reverse	of						
Card valid from:								
Card expiry:								
Billing address: (Address the invoice will be sent to card then address of company and whom the invoice should be sent to	name of	ate						
Please debit the above credit/deb amount shown (applicants must e correct amount, which can be asce document PSL/35):	nter the	1	<u> </u>	: (ir	ncluding V	AT)		

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