

Examination Applied For (to be completed in full by all applicants)

Examination Type: Initial, supplementary, renewal, bridging or retest of a previously failed examination																	
Examination Body: CSWIP, PCN, AWS, ASNT, BGAS																	
PCN or BGAS Approval Number:																	
Current CSWIP qualifications held:																	
NDT Method (please circle)	<table border="0"> <tr> <td>MT</td> <td>PT</td> <td>RT</td> <td>ET</td> <td>RI</td> <td>UT</td> <td>VT</td> <td>BRS</td> </tr> <tr> <td>RPS</td> <td>LRUT</td> <td>PAUT</td> <td>AUT</td> <td>ACFM</td> <td>TOFD</td> <td></td> <td></td> </tr> </table>	MT	PT	RT	ET	RI	UT	VT	BRS	RPS	LRUT	PAUT	AUT	ACFM	TOFD		
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RPS	LRUT	PAUT	AUT	ACFM	TOFD												
Industry Sector: Aerospace, Welds, Wrought, Railway, General																	
Categories:																	
Welding Inspection (please circle)	<table border="0"> <tr> <td>Level 1</td> <td>Level 2</td> <td>Level 3.2.1</td> <td>Level 3.2.2</td> <td>CSWIP/AWS</td> </tr> <tr> <td>AWS/CSWIP</td> <td>Supervisor</td> <td>Instructor</td> <td>Endorsement</td> <td></td> </tr> </table>	Level 1	Level 2	Level 3.2.1	Level 3.2.2	CSWIP/AWS	AWS/CSWIP	Supervisor	Instructor	Endorsement							
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Plant Inspection	<table border="0"> <tr> <td>Level 1</td> <td>Level 2</td> <td>Level 3</td> <td>Endorsement</td> </tr> </table>	Level 1	Level 2	Level 3	Endorsement												
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Offshore Visual Inspector	OVI Level 2																
Underwater Inspection: (please circle) Please contact TWI for the relevant EX07 document	<table border="0"> <tr> <td>3.1U</td> <td>3.2U</td> <td>3.3U</td> <td>3.4U</td> <td>OGI</td> <td>ASCAN</td> <td>Concrete</td> </tr> </table>	3.1U	3.2U	3.3U	3.4U	OGI	ASCAN	Concrete									
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Plastics: Please contact TWI for the relevant EX07 document																	

To be completed by all applicants applying to attend CSWIP Welding Inspection Examinations -

I confirm that I have read and comply with the pre examination entry requirements as laid down in the CSWIP Requirement Documents - **DOCUMENT No.** CSWIP-WI-6-92, 10th Edition January 2011 and understand that any fraudulent claim may result in the retraction of any certificate issued.

Please tick the appropriate box and give a detailed statement of how you meet the requirements, this must be signed and verified by an employer/third party -

Visual Welding Inspector (Level 1)

Although there is no specific experience requirement it is recommended that candidates possess a minimum of six months' welding related engineering experience and two years industrial experience.

Welding Inspector (Level 2)

- Welding Inspector for a minimum of 3 years with experience related to the duties and responsibilities listed in Clause 1.2.2 under qualified supervision, independently verified.
- Certified Visual Welding Inspector (Level 1) for a minimum of 2 years with job responsibilities in the areas listed in 1.2.1 and 1.2.2.
- Welding Instructor or Welding Foreman/Supervisor for a minimum of 5 years.

Senior Welding Inspector (Level 3)

- Certified Welding Inspector (Level 2) for a minimum of 2 years with job responsibilities in the areas listed in 1.2.1, 1.2.2 and 1.2.3.
- 5 years' authenticated experience related to the duties and responsibilities listed in Clause 1.2.3, independently verified.

Welding QC Co-ordinator

- A current valid CSWIP 3.2 Senior Welding Inspector certification plus three years documented experience related to the duties and responsibilities or an international equivalent.
- A current valid CSWIP 3.1 Welding Inspector with 10 year's documented experience related to the duties and responsibilities or an international equivalent.

NDT Pre-certification experience

Experience is not an essential pre-requisite for examination. However, if such evidence is available at the time of examination, it should be provided direct to the Test Centre.

Experience satisfying the requirements detailed in CSWIP-ISO-NDT-11/93 may be gained following examination. Once evidence of experience satisfying CSWIP-ISO-NDT-11/93 is accumulated, it should be sent to Customer Services.

Claimed duration of experience in applying the NDT method under qualified supervision enter number of months or weeks (if no experience please indicate nil):	
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Verifier

Name (in capitals): _____

Company: _____

Position: _____

Telephone no.: _____

Email Address: _____

Date: _____



Authenticated Company Stamp

To the best of my belief, the candidate's statement given above is correct at the time of signing:

Verifying signature (employer or equivalent):

CANDIDATE - PLEASE NOTE

I understand that TWI Ltd and its associated trading companies (and companies, organisations, or agents processing data on its behalf) will hold and use personal data supplied by me for administration purposes as per GDPR requirements.

I agree to read the Health & Safety and Security information provided by TWI and to abide by the guidance given.

I understand that occasionally images of training and examinations are taken by TWI for publicity and other purposes and that permission for my inclusion in such material is implied unless I make it known to Customer Services at registration that I do not wish to feature.

I have read and understood the documentation issued by the scheme management that is relevant to the examination for which I am applying and declare that I satisfy those criteria covering vision, training and experience. I accept responsibility for any examination fees in the event of non-payment by the sponsor. I agree to abide by the requirements for certification as relevant to the examination for which I am applying. In particular I agree to comply, if applicable, with the CSWIP rules on use and misuse of certificates and on professional conduct (see www.cswip.com).

I understand that any appeal against an exam result must be received within six months of the exam date.

I have read the listing and include all the requested information.

I understand that any false statement may result in the examination being invalidated.

CANDIDATE SIGNATURE:
