



**PSL 57B: APPLICATION FOR RECERTIFICATION  
OR SUPPLEMENTARY EXAMINATION, OR A  
RETEST OF A PREVIOUSLY FAILED EXAMINATION**

When completed, submit directly to the PCN Test Centre

**NOTE:** use PSL/57A for initial examination, and PSL/57C as application for certification where experience is gained following successful examination.

Certification Services Division  
1 Spencer Parade  
Northampton NN1 5AA  
Tel: +44 (0) 1604 259 056  
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**GENERAL INFORMATION** (please read carefully before completing application).

This form is to be used by candidates applying for recertification or supplementary examinations, or for retests of previously failed examinations. Form PSL/57A is to be used for candidates applying for initial examination in any PCN designated NDT method as applied in an industry or product sector.

All candidates for PCN recertification or supplementary examinations and certification are required to fulfill the conditions specified in the current edition of document CP16 (for levels 1 and 2) or CP17 (for level 3) as appropriate.

Eligibility is defined in terms of visual acuity and continuity in the application of the certification for which recertification or supplementary examinations are sought. 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:

**PSL/44** PCN Vision Requirements, including optional form for recording results of tests

**CP/16** Renewal and recertification of level 1 and level 2 certificates

**CP/17** Recertification of level 3 certificates

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

Once completed, this form and supporting information should be sent to the PCN Test Centre together with relevant payment information or examination fees. One application form is to be submitted in respect of each examination applied for.

Applications dependent upon the individual holding current valid PCN 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.



Certificate No. 30

Where marks from earlier examinations are to be included in the weighted composite grade, the candidate should supply the relevant examination result notice (or, where unavailable, verifiable information from which the date and scope of the examination and the PCN Test 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 APPLICANT

If uncertain of the requirements, consult PCN or the Test Centre before proceeding. This application form asks for specific details on continuity 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 (to be completed by all applicants)

Family name:		Given names:	
Candidate's usual residence, including post code (this is the address that will be shown on the certificate):		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	
Telephone number:		PCN number (if known):	
E-mail address (optional):		Date of birth (yyyy/mm/dd):	
National insurance or social security Number:			
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 (to be completed by all applicants)

Employer's name and address (including fax number, telephone number and post code):	
Candidate's position in the organisation:	Employment status (employed or self employed):

**PART 3. EMPLOYMENT HISTORY** (applicable only to recertification applicants - list all employers during previous 5 years, continuing on a separate sheet if necessary, or attach a completed record of employment using CP16 annex D1)

Employing organisation	Period of employment (from – to)	Contact name and telephone number for verification purposes



**PART 4. EXAMINATION APPLIED FOR** (to be completed by all applicants - check examination availability with the Test Centre before completing)

Examination type ( <u>supplementary</u> , <u>recertification</u> or <u>retest</u> of a previously failed examination):											
Products or industry sector in which certification is sought (castings, welds, forgings/wrought products, tubes and pipes, pre & in-service inspection, railway or aerospace):											
NDT method (tick only ONE NDT method):				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level (tick one box). N.B. RI is level 2:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	If level 3 retest, state whether Basic or Main Method:							
Radiation safety (tick only one box, and ignore sector, NDT method, level and categories):		Basic radiation safety		Radiation protection supervisor				Radiation protection advisor			
State in the space below the categories of certification that you seek to attain (see relevant appendix to PCN/GEN). Note that there may be limitations upon the number of categories that may be attempted at any one sitting - consult PCN or the Test Centre for further advice.											
If recertification or supplementary, give applicable certificate number and expiry date; if retest, give applicable results notice number:											
Preferred examination date and venue:											

**PART 5. PAYMENT** (to be completed by all applicants - applicable sections only)

Name and address for invoice (if different from candidate's), including telephone/fax number:						
Some Test Centres provide accommodation or information on the availability of local accommodation. If you wish to receive assistance with accommodation, please tick here:						<input type="checkbox"/>
Preferred method of payment (bank draft, BACS, cheque, credit card):					Tick box if cheque enclosed:	
Name of senior responsible official of the organisation paying examination fees (not the candidate - unless self employed):						
Company order reference:						
For credit card payment, tick the relevant box & provide issue and expiry dates:		<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Switch	Issue & expiry dates:
Name on card:						
Card number:		Security code (last 3 figures on the security strip on the reverse of the card)				
Signature of above named individual:						
Address of credit card holder:						
Debit the above credit/debit card for the amount shown in respect of exam fees (check with Test Centre to confirm that credit card payment is available)						£            :



**PART 6. CANDIDATE'S STATEMENT CONFIRMING ELIGIBILITY FOR EXAMINATION**

CANDIDATE'S FULL NAME: .....

PCN NUMBER (if existing PCN certificate holder): .....

I have read and understand PCN General Requirements for the certification of personnel engaged in NDT, particularly the criteria for eligibility, and hereby confirm that I satisfy those criteria covering vision, training and experience applicable to the level and NDT method for which I am seeking certification. In the event that I should be awarded PCN certification, I agree to comply with the PCN Code of Ethics (published as PCN document CP/27).

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.

I understand that BINDT will hold and use personal data supplied by me for administration purposes. These purposes have been notified under the Data Protection Act 1998. The data may also be used to send separate unsolicited mailings\* containing details of events, new services, products etc..

SIGNATURE: ..... DATE: .....

\* You have the right to ask BINDT not to send such mailings. If you do not wish to receive this information from BINDT, please tick this box [ ]. You also have the right of access to personal data that we hold about you, on payment of an access fee not exceeding £10.

**Attach** a) vision test certificate (PCN PSL/44 may be used) unless vision test arranged at Test Centre  
b) correct examination fee (unless part 5 of this form is appropriately completed); details of fees are available from the test or examination centre.

**Bring** c) two passport photographs (unless already a holder of a PCN identity card issued within the past 10 years, or if photographs are to be taken at the Test Centre - check beforehand if facilities are available on site)  
d) your PCN record of certification and PCN identity card (if already a PCN certificate holder)  
e) your own NDT instrument if desired (information on acceptable instruments is available from the Test Centre), together with a valid calibration certificate.

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**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 above is correct at the time of signing.

NAME: ..... SIGNATURE: .....

COMPANY: ..... TELEPHONE: .....

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**PART 8. FOR OPTIONAL USE BY THE TEST CENTRE**

EXAMINATION DATE: ..... EXAMINATION VENUE: .....

EXAMINER: ..... MODERATOR: .....

PAYMENT RECEIVED: ..... RESULT REFERENCE: .....

EXAMINATION FILE COMPLETE AND CLOSED (initials/date): .....

REMARKS (if any verification sought and obtained, record details below):

