

CR20 ISSUE 05

RENEWAL AND RECERTIFICATION OF NDT SNT-TC-1A LEVELS 1 & 2 CERTIFICATES

IMPLEMENTATION DATE: 24th May 2018

1. PROCEDURE FOR RENEWAL OF A NDT CERTIFICATE

1.1 It is the responsibility of the certificate holder to initiate the procedure required for renewal. The renewal application shall be presented either within the six months before the date of expiration of the certification or six months after the date of expiry. To ensure continuity of certification, applicants are advised to ensure that their application reaches the Decibel Certification Office not later than 4 weeks before expiry if you are opting renewing before expiry of certification.

1.2 It is the responsibility of the applicant to ensure the correct issue status of CR20 prior to making application. Details of the issue status of Decibel documents are published quarterly, which is available at www.decibelnde.com or from Decibel upon request.

1.3 One application (Annex A) is to be submitted for each certificate for which renewal is sought, and the applicant is required to complete Parts A, B and C of the form. The employer finally completes Part D. The completed application is to be sent to the Decibel office from where you have obtained the certification, clearly marking the envelope "RE-CERTIFICATION", together with:

- a certificate of satisfactory visual acuity (recorded on Decibel document PD-C12) issued in the preceding twelve months;
- a record of employment (using Annex C1) covering the period of validity of the certificate to be revalidated;
- the current renewal fee (details of fees are available from the enquiry department) for each certificate to be renewed.

Note 8: the penalty for failure to provide satisfactory surveillance records at renewal is that the applicant must follow the procedure for recertification.

Note 9: There is a high percentage of verification carried out on information submitted in support of applications for renewal. In the event that a deliberate attempt to deceive is detected, severe penalties will be applied. If in doubt about the validity of the information you are providing, seek the advice of the Decibel Staff at any of the Decibel office.

Note 10: The Decibel certification Records Office manages a call-up system for periodic application document review to ensure an efficient processing of applications.

1.4 In the event that the application for renewal is rejected by Decibel on the grounds that the continuity of work activity criterion for renewal is not satisfied, the applicant is permitted to attempt in the recertification examination provided he or she satisfies the visual acuity requirement and undertakes a continuation training course (at any Decibel accredited or recognised training establishment) of not less than two days duration covering the scope of the certificate to be revalidated. Such training is to be recorded on the form at Annex D2 and submitted with the application for recertification.

1.5 The candidate who has been refused renewal and has failed to satisfy the requirements for recertification will be required to be successful in the initial qualification examination for the sector and NDT method concerned.

ANNEX A

APPLICATION FOR RENEWAL OF A NDT LEVEL 1 OR LEVEL 2 CERTIFICATE

PART A - APPLICANT'S PERSONAL AND CERTIFICATE DETAILS

FAMILY NAME: _____

GIVEN NAME(S): _____

DATE OF BIRTH: _____ Student ID: _____

PRIVATE ADDRESS: _____

POST CODE: _____ TELEPHONE NO: _____

EMAIL ADDRESS: _____

CERTIFICATE NUMBER: _____ EXPIRY DATE: _____

METHOD OF CERTIFICATION: _____

PART B - CURRENT EMPLOYMENT DETAILS

EMPLOYER'S NAME: _____

ADDRESS: _____

POST CODE: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

APPLICANT'S DEPARTMENT: _____

APPLICANT'S JOB DESCRIPTION: _____

CURRENT SUPERVISOR: _____

PART C - APPLICANT'S DECLARATION

I declare that the information given in Parts A and B of this application, and in supporting documentation is authentic. I agree to comply with the ASNT Code of Ethics.

WARNING! There is a high percentage of verification carried out on information submitted in support of applications for renewal. In the event that a deliberate attempt to deceive is detected, severe penalties will be applied. If in doubt about the validity of the information you are providing, seek the advice of Decibel Certification Records Office staff.

SIGNATURE _____ DATE _____

FULL NAME (IN CAPITALS) _____

PART D - EMPLOYER'S AUTHENTICATION

I confirm that the information given in Parts A and B and in the supporting documentation is, to the best of my knowledge, accurate and authentic. Work performed by the applicant named in Part A has been without significant interruption (see definitions) while employed by this company and has been to a satisfactory standard. **(This must be signed by employer not person renewing certificate regardless of position within company)**

SIGNATURE _____ DATE: _____

NAME (in block capitals please) _____

POSITION _____

Completed applications should be sent to the Decibel Certification Records Office via the following methods:

- Email all documentation to: cert@decibelnde.com

FO DECIBEL USE

Application number: _____ Date received: _____

DECIBEL Invoice No: _____ Payment Received: _____

Date: _____ Amount: _____ Renewal authorized: _____

Categories awarded: _____ New expiry date: _____

Authorising signature: _____ Date: _____

Authorised by (name): _____ Position: _____

Dispatch date: _____ Dispatcher's Initials: _____

Comments and details of any verification sought/obtained:

COVERING LAST 5 YEARS

[illegible]

Dated: 24 May 2018

RECORD OF VISION TESTS FOR DECIBEL TRAINING & CERTIFICATIONS

Name of individual tested: _____ Student ID Number: _____

Address: _____

Telephone: _____ Email: _____

Employer: _____

RESULT OF ISHIHARA COLOUR VISION TEST			
Record the Ishihara test results, and indicate if an alternative (trade) test is suggested.			
Please state number of Ishihara plates correctly interpreted: Failure to record this will result in vision test being rejected (MINIMUM OF FIRST 17)		Record of Ishihara plates failed (the test administrator may, optionally, provide comment on the nature of colour perception deficiency):	
RESULT OF COLOUR VISION TRADE TEST (WHERE NECESSARY - SEE NOTE 2)			
The employer should state the NDT methods and associated colours used by the employee:			
NDT METHOD	ASSOCIATED COLOURS	COLOUR DIFFERENTIATION	CONTRAST DETECTION
RESULT OF NEAR VISION TEST			
(Record the smallest text capable of being read).			
CORRECTED		UNCORRECTED	
Times Roman N: _____, or		Times Roman N: _____, or	
Jaeger number: _____		Jaeger number: _____	
RESULT OF NEAR VISION TEST – Tumbling E Option			
(candidates should correctly identify 5 out of 5 on each line, and lines 1-9)			
UNCORRECTED		UNCORRECTED	
Line 1	Pass/Fail	Line 6	Pass/Fail
Line 2	Pass/Fail	Line 7	Pass/Fail
Line 3	Pass/Fail	Line 8	Pass/Fail
Line 4	Pass/Fail	Line 9	Pass/Fail
Line 5	Pass/Fail		
DETAILS OF PERSON CARRYING OUT AND RECORDING ANY OF THE ABOVE TESTS			
Signature:		Name of tester:	
		Designation:	
Qualification:		Date of test:	
Address or Stamp of the Organisation:			