

UT

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.

**Applications shall only be completed by the candidate seeking PCN certification.**

If uncertain of the requirements for this application, please consult the Test Centre or PCN before proceeding.

**PCN INTRODUCES ELECTRONIC CERTIFICATES**

PCN is transitioning to e-certification, whereby certificates are to be issued electronically, so that PCN certificate holders can view and print their certificates from their laptop or mobile device.

To be eligible for e-certification, the PCN holder must ensure PCN has an up-to-date electronic copy of their photo (taken within the past 10 years), a signature and valid email address.

**APPLICATION FORM**

**PART 1. CANDIDATE'S PERSONAL DETAILS – ALL PARTS ARE MANDATORY**

Family name:	성	Given names:	이름.
Candidate's usual residence, including postcode/zip code (this address will be shown on the certificate): 응시자 집 주소 (자격증이 기재될)		Address, including postcode/zip code, to which the PCN certificate, when issued, is to be sent (if hardcopy certificate issued). Nawoo Ltd 305, Gobul-ro, Gwangju-si Gyeonggi-do, Republic of Korea (12782)	
Personal email address (for issue of e-certificate):	이메일 주소		
<b>CANDIDATE'S SIGNATURE AUTHORIZING CERTIFICATE TO BE SENT TO ABOVE ADDRESS:</b>	응시자 사인 (필히 기재해야 함)		
Telephone number including area code/international dial code:	전화번호 (예: +82-10-000-0000)	PCN number:	PCN 번호 (있는사람만)
Gender (optional):	성별 (선택 사항)	Date of birth (dd/mm/yyyy):	생일 날짜/월/년 (예: 01/01/80)
It may be possible to make provision in PCN examinations for candidates with special requirements, please bring this fact to the attention of the examining body.			

**PART 2. CURRENT EMPLOYMENT DETAILS (현재 고용상태 기재)**

Employer's name and address (including telephone number, email address and post code): 대표자명, 회사명, 주소 (전화번호, 이메일 주소, 우편번호 포함)	
Candidate's position in the organisation: 직위	Employment status (employed or self employed): 등록 하나를 기재함.

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**PART 3. PRE-CERTIFICATION TRAINING**

Attach evidence of satisfactory completion of PCN approved training course or provide the following details for classroom training;

Name of training organisation and title/reference of relevant training course:	ETS/Nawoo, Korea RTO/UT
Dates of course (from/to):	날짜를 반드시 지정함.

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**PART 4. EXAMINATION APPLIED FOR** (must be completed - check availability with the Test Centre before completing)

Products or industry sector in which certification is sought (castings, welds, forgings/wrought products, pre & in-service inspection, railway or aerospace):							
Welds							
NDT method (tick only ONE NDT method):	ET	MT	PT	RT	RI	UT <input checked="" type="checkbox"/>	VT
	CRT	TOFD	PAUT	Other please state:			
Level (tick one box). note: RI is level 2 only	1	2 <input checked="" type="checkbox"/>	3				
If level 3, state which exam part(s);							
<b>Sector/methods applicable to PED recognition and administration charge</b>							
2 Pre and in-service 6 Welds	20 Eddy Current 21 Magnetic Particle Testing 22 Liquid Penetrant Testing 23 Visual testing 24 Ultrasonic Testing 25 Radiography 27 TOFD 28 Phased Array 29 Computer Radiographic Testing 34 Radiographic Interpreter 35 Computer Radiographic Interpreter						
Radiation safety (tick only one box, and ignore sector, NDT method, level and categories)	Basic radiation safety			Radiation protection supervisor			
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.							
PCN UT Level 2 welds 3.1							
Preferred examination date and venue:	바리들길 (바리들길 자정항)						

**PART 5. PRE-CERTIFICATION EXPERIENCE**

Experience is not an essential pre-requisite for level 1 and 2 examinations only. However, if such evidence is available at the time of examination, and it is a **mandatory** requirement that this be provided direct to the AQB on the PSL 30 Attached.

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**Industrial NDT Experience** – the experience needed to acquire the skill and knowledge to fulfil the provisions of qualification in the appropriate sector, and which is gained under the supervision of Appropriately Qualified Personnel, in the application of the NDT method in the sector concerned.

**Qualified supervision** – supervision of candidates gaining experience by NDT personnel certificated under the PCN Scheme or by non-certificated personnel who, in the opinion of BINDT, possess the knowledge, skill, training and experience required to properly perform such supervision.

**Appropriately Qualified Personnel** – Individuals carrying out supervision of candidates for PCN certification holding relevant certification issued by a BINDT recognised certification body meeting the requirements of ISO/IEC 17024.

**NOTE:** The Supervisors' certificate(s) must be verified as the same level, sector and method and must be valid at the time the experience was gained.

This may include certification schemes other than ISO 9712, such as EN 4179 and SNT-TC-1A providing that this certification has been gained using external training/examination support provided by a BINDT approved organisation. The organisation must be a BINDT approved ATO, AQB and/or OA status. Please contact [pcn@bindt.org](mailto:pcn@bindt.org) if clarification on this is required.

Experience may be gained following level 1 and 2 examinations only and recorded on Form PSL/30. Once evidence of experience satisfying the above definitions has been accumulated, it is provided direct to PCN, together with an application for certification using form PSL/57C. Level 3 candidates – must have the required amount of NDT experience prior to taking any examination.

Claimed duration of experience in applying the NDT method under qualified supervision (enter number of months or weeks): PSL 30 to be completed with details:	UT 경력기간 From ~ To (PLS/30에 기재한 기간과 동일하게 기재해야함)
Name, address and telephone number or email address of person who can verify experience claimed:	Part 8 추천인과 동일한 사람. 성명, 회사명, 연락처 (e-mail 또는 전화버튼 기재)

**PART 7. CANDIDATE'S STATEMENT CONFIRMING ELIGIBILITY FOR EXAMINATION**

CANDIDATE'S FULL NAME: ..... 응시자 이름 .....

PCN NUMBER (if existing PCN certificate holder): ..... PCN번호 (있는 사람만) .....

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 CP27).

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.

SIGNATURE: ..... 응시자 사인 ..... DATE: ..... 작성일 .....

**Attach**

- a. Evidence of vision test (PCN PSL/44 may be used) unless vision test arranged at Test Centre
- b. Evidence of training
- c. Evidence of experience (PCN document PSL/30)
- d. Correct examination fee (unless part 6 of this form is appropriately completed); details of fees are available from the test or examination centre.

**Bring**

- e. Your PCN record of certification

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- f. Your own NDT instrument if desired (information on acceptable instruments is available from the Test Centre), together with a valid calibration certificate.

**PART 8. 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: ..... 추천인 성명 ..... SIGNATURE: ..... 추천인 사인 .....

COMPANY: ..... 추천인 소속회사 ..... EMAIL: ..... 추천인 이메일주소 .....

추천인은 ASNT 또는 PCN의 UT Level 3 자격 소지자가 좋음,  
만일 자격자가 없으면, 경력을 증명할수 있는 부서장으로  
대신해드 됨.

Ⓢ) 사립주( self-employed)인 경우. 발주자 또는 자격소지자를  
선정 가능함.



**PART 9. FOR OPTIONAL USE BY THE TEST CENTRE**

EXAMINATION DATE : ..... 비위등징 ..... EXAMINATION VENUE: Nawoo Ltd. Korea

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

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

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

REMARKS (if any verification sought and obtained, record details below or on a separate page and keep with candidate exam pack):

**GENERAL DATA PROTECTION REGULATION (GDPR) –**

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.*

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**PART 6. PAYMENT** (complete applicable sections only)

Name and address for invoice (if different from candidate's), including telephone/fax number:						
기재하지 않음.						
Some Test Centres provide accommodation or information on the availability of local accommodation. If you wish to receive assistance with accommodation, please tick here:						
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 and provide issue and expiry dates:		Visa	MasterCard	Amex	Switch	Issue and 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)					£ :	

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

Tel: +44(0)1604-438-300.

Email: [pcn@bindt.org](mailto:pcn@bindt.org)



## CP27 ISSUE 2 DATED 1<sup>st</sup> APRIL 2021

### CODE OF ETHICS FOR PCN CERTIFICATE HOLDERS

Individuals certified within the PCN Scheme must recognise that personal integrity and professional competence are the fundamental principles on which their testing activities are founded. Consequently, it is required that all PCN certified NDT personnel subscribe to a “Code of Ethics” designed to protect the integrity of any NDT processes and inspections in which they may become involved.

The integrity of NDT and CM processes and the people performing those processes is a fundamental requirement in ensuring that the inspections performed remain at the highest possible level in terms of quality and reliability. Consequently, BINDT and industry at large expect all PCN certified NDT and CM personnel to conduct themselves in an ethical and morally acceptable manner at all times whilst performing their NDT/CM duties.

It is a condition of PCN certification that certificate holders are expected, as a minimum to understand, acknowledge and abide by this code of ethics and the principles contained herein. It is a requirement that all PCN applicants and certificate holders acknowledge, by signature below, that they have read, understood and acknowledge this code of ethics and hereby agree to abide by them at all times whilst engaged in PCN certified NDT and/or CM activities.

I, the undersigned, undertake to:

1. comply with this code of ethics;
2. apply themselves correctly and to maintain high levels of integrity, honesty, skill and proficiency in the conducting of NDT
3. undertake only those non-destructive testing assignments for which they are competent by virtue of their training, qualification and experience. i.e. to only perform inspections commensurate with their level of certification in the applicable test disciplines.
4. perform all inspections to the best of one’s ability at all times and to resist any outside pressures that they consider may have the potential to affect the integrity, honesty, quality or outcome of any testing performed. Any such undue pressures should be reported to the employing management/supervision and BINDT.
5. only sign documents for work of which they have personal professional knowledge and/or direct supervisory control;
6. engage, or advise the engagement of, such specialists as are required to enable assignments to be properly completed;
7. conduct themselves in a responsible manner and utilize fair and equitable business practices in dealing with colleagues, clients and associates;
8. at all times, be aware of and uphold the provisions/ requirements of codes, regulations and standards under which they are working;
9. immediately report to their supervisor/employer any perceived violation(s) of codes, regulations or standards. In the event that their supervisor/employer provides no satisfactory explanation or takes no corrective action, the certified individual shall report the situation direct to the British Institute of NDT;
10. perform their professional duties with proper regard for the physical environment and the safety, health and well-being of the public;
11. protect to the fullest extent possible, consistent with the well being of the public and the provisions of this code of ethics, any information given to them in confidence by an employer, colleague or member of the public;

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12. avoid conflicts of interest with the employer or client, but when unavoidable, forthwith disclose the circumstances to the employer or client;
13. strive to maintain their proficiency by updating their technical knowledge as required to properly practice NDT in the certified methods and levels.
14. indicate to the employer or client any adverse consequences which may result from an overruling of their technical judgment by a non-technical authority;
15. not falsify nor permit misrepresentation of their own or their associate's academic or professional qualifications, training, experience or work responsibilities;
16. refrain from making unjustified statements or from performing unethical acts which would discredit the PCN scheme;
17. immediately report to the British Institute of NDT any perceived or known fraudulent use of PCN certification, including the use of forged or false PCN certification.
18. immediately report to the British Institute of NDT any perceived violation(s) of this code of ethics;
19. immediately report to the British Institute of NDT any attempt to pressure or force an individual certified under the PCN Scheme to violate this code of ethics;
20. inform their employer in the event that their PCN certificate is suspended, cancelled or withdrawn.

Failure to comply with the above code of ethics will be dealt with under arrangements for handling complaints and appeals (PCN document CP21 refers).

**REMINDER:** PCN certificate holders are reminded that they should be aware of the consequences that may arise from any failure to comply with this code of ethics including the consequences of in-service failures and any ongoing effect on the health and safety of persons, plant, equipment and the environment.

*I acknowledge I have read and understand the PCN "Code of Ethics" and hereby give my commitment to abide by those principles in the performance of my NDT duties whilst certified by PCN.*

Name (Print): 응시자 이름 .

Signed: 사인

Date: 작성일 .





NOTE: Form 2 (PSL30) is included as an example of a format for recording a candidate's experience. Other formats are acceptable to PCN providing they address and meet the details included in this form 2 (PSL30).

FORM 2 PSL/30 – CANDIDATE'S LOG OF PRACTICAL INDUSTRIAL NDT EXPERIENCE

SHEET 1 OF 1

Candidate's name: 홍시자 이자(성명)

PCN number (if known): \_\_\_\_\_

Candidate's email: 이씨영주호

Candidate's contact number: 전북번호 (+82-10-000-0000)

<p>NDT METHOD FOR CERTIFICATION</p> <p>UT</p>	<p>The candidate SHALL keep detailed written records of all industrial experience gained in the NDT method for which certification is required, to meet the minimum experience hours detailed within Table 2. All entries made on Form 2 of PSL/30 shall be reviewed by the employer's "suitably qualified representative" in preparation for the candidate and employer's attestation declaration, which shall be made on (Form 1) within PSL/30, prior to the candidate's submission of Form 1 to PCN for verification.</p> <p>Experience in the METHOD for which certification is sought should be entered into the white space below. Details may include, but not be limited to, the candidate's use of codes, industrial standards, NDT procedures, written NDT instructions and techniques for the testing of the employer's components / materials / plant or structure.</p>			
<p>Candidate: Insert details of NDT technique / code / procedure or standard applied</p>	<p>Candidate: Insert details of employer's component / material / weld / structure or plant inspected</p>	<p>Candidate: Insert date of NDT task commencement</p>	<p>Candidate: Insert number of experience hours accrued on task:</p>	<p>Experience confirmed as satisfactory by. Insert name and certification No. for each entry:</p>
<p>UT / pulse-echo / 적용코드 없음</p>	<p>대형배관/배관/용접 (예: Vessel/CS/Buttweld)</p>	<p>수행기간 Form 1의 기록 시작일</p>	<p>실제 수행시간 0시간 10분 0초</p>	<p>Form 1의 Reviewer의 이름과 자격번호.</p>



**PSL 56A: VERIFICATION OF CANDIDATE IDENTIFICATION AND SIGNATURE  
OF CANDIDATE STATEMENT FOR PCN EXAMINATIONS.**

This form is to be used for all PCN examinations (paper and online) to be completed by the invigilator before commencement of the online examination and signed by the candidate to declare commitment to abide by the PCN rules of examinations.

**PART 1. VERIFICATION OF CANDIDATE (TO BE COMPLETED BY THE INVIGILATOR):**

EXAMINATION DATE: 바위들 것

EXAMINATION VENUE: Nawoo Ltd, Korea

EXAMINATION REFERENCE CODE(S): 바위들 것.

(EXAMINATION REFERENCE CODE(S) MANDATORY FIELD FOR ONLINE EXAMINATIONS)

INVIGILATOR NAME (Print): ~~.....~~

DATE: ~~.....~~ 이곳은 정오인 안됨.

SIGNATURE: ~~.....~~

CANDIDATE IDENTIFICATION VERIFICATION: 시험 당일 소지할 신분증 번호 기재 (바위들이드 됨)  
(THIS CAN BE ANY FORM OF PHOTO ID, E.G. DRIVING LICENCE NUMBER, PASSPORT NUMBER, PCN ID CARD.) 시험 당일 작성 가능.

**PART 2. CANDIDATE'S STATEMENT.**

I declare that signing the below is my statement to abide by the PCN rules of examination and my commitment to not release confidential examination materials or participate in fraudulent test-taking practices. I also confirm that I am the genuine examination candidate for the PCN examination.

CANDIDATE NAME (Print): 음시자 성명

DATE: 바위들 것 (시험 당일 작성)

SIGNATURE: 사인을 함

**PART 3. EXAMINER**

EXAMINER NAME (Print): ~~.....~~

DATE: ~~.....~~ 이곳은 정오인 안됨.

SIGNATURE: ~~.....~~

**IMPARTIALITY/CONFIDENTIALITY**

By signing the relevant clauses (parts) above the Invigilator and Examiner are confirming compliance with the Impartiality and confidentiality requirements laid down in CP09 section 5.1.3 especially confirming that no conflict of interest exists between themselves and the candidate and that they have not actively participated in training of the candidate (in this examination method) within the preceding 2 years.

Note: AQB Organisations shall retain a copy of this form within the applicable exam record and they shall be made available on request during BINDT assessments





PSL 56B

Issue 2 dated 1<sup>st</sup> July 2019

**EXAM CANDIDATE ACCEPTANCE OF EXAMINATION RULES AND CONDITIONS.**

This form is to be used for all PCN examinations and is to be completed and signed by the candidate and verified by the invigilator before commencement of the examination as acknowledgement of acceptance of the examination rules and conditions.

**EXAMINATION RULES**

Please read all instructions carefully and complete the form clearly using CAPITAL LETTERS

1. By signing below the candidate is acknowledging that the examination conditions are to their satisfaction before the commencement of the examination. In the event that examination conditions deteriorate to an unacceptable level during the examination, candidates must bring this fact to the attention of the invigilator who, will take appropriate action including suspension of the examination if necessary.
2. Only black or blue ink is to be used when completing examination papers. Any corrections made should be *INITIALLED* by the candidate. No correction fluid to be used on any examination part.
3. The use of programmable calculators is prohibited in examinations, as is the use of personal digital equipment with storage facilities - unless the equipment concerned is inspected by AQB staff before use in an examination to ensure that the candidate is not gaining an unfair advantage, and after use in an examination to ensure the continued security and confidentiality of examination materials
4. Candidates are required to initial beside any corrections they may make on examination papers.
5. Mobile phones and other electronic communications devices are a potential source of cheating and may disturb other candidates if they should be activated during examinations. Consequently mobile phones and any other electronic communications devices are prohibited during theory and practical examinations.
6. Anyone suspected of cheating or colluding with other candidates will be asked to leave the examination and the Certification body shall be notified. This will preclude the candidate from attempting any further examinations as defined in the applicable Certification Body mandates (normally 12 months). and no results will be issued for any parts already completed
7. During and upon completion of the examination **NO** examination material is to be removed by any candidate. This includes any rough notes, sketches etc. that the candidate may have made during the examination.
8. Once the examination has commenced, candidates found in possession of any inadmissible material shall be considered to have cheated and the examination will be terminated.
9. Any queries relating to the examination rules and conditions should be referred to the invigilator
10. I agree to not release any confidential PCN examination materials or participate in fraudulent test-taking practices

**I understand and acknowledge the examination rules and conditions detailed above and undertake to abide by them**

CANDIDATE NAME (Print)..... 응시자 성명 ..... Signature:..... 사인 ..... Date..... 비워둘 것 (시험 당일 작성)

Verified by Invigilator:  
 INVIGILATOR NAME (Print)..... 이관우 ..... Signature:..... X ..... Date..... X



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**Examination Attendance Form**

Date: February 2020

**PLEASE READ ALL INSTRUCTIONS CAREFUL - PLEASE PRINT CLEARLY IN CAPITAL LETTERS**

SURNAME: 성 FORENAMES (in full): 이름

CONTACT TEL. NO.: 전화번호 (예: +82-10-000-0000)

PRIVATE POSTAL ADDRESS (including postcode):  
응시자 김주소

Do you possess a valid PCN identity card: YES  Number \_\_\_\_\_ NO

If you have answered yes to the above question, please present it to the Examiner/Invigilator. If you have answered no, two signed passport photographs must be provided now.

**FULL RADIOGRAPHY CANDIDATES ONLY**

Issued film badge number 기억이 안됨

This is to confirm that I have read and understood the local rules for radiation safety.

CANDIDATE'S NAME (printed) \_\_\_\_\_ CANDIDATE'S SIGNATURE \_\_\_\_\_

**1. GENERAL RULES**

- a. I am aware of the current rules regarding validity of certificates and renewals and I note that it is my responsibility to ensure renewal when appropriate and that reminders are not issued.
- b. I accept that any results notices issued will be invalidated if any fees in respect of this examination remain unpaid.
- c. I note that a results notice and a certificate (if awarded) will be forwarded to me and my sponsor (if applicable).
- d. Due to the data protection act examination results will NOT be issued by telephone, e-mail or other electronic methods
- e. I understand that it is my responsibility to ensure that I have uncorrected or corrected vision capable of meeting the PCN requirement.
- f. I have read and understood the IMechE Argyll Ruane Safety Booklet and agree to abide by these rules during the examination and whilst on IMechE Argyll Ruane premises.

**2. EXAMINATION CONDUCT**

- a. Only black or blue ink is to be used when completing examination papers. Any corrections made should be *INITIALLED* by the candidate. No correction fluid to be used on any examination part.
- b. The use of a pocket calculator is permissible provided it does not permanently store programs, formulae or data relevant to NDT.
- c. Candidates are advised to leave any material, which may be considered as being used for the purpose of cheating, out of the examination room. If in doubt, please consult an Examiner/Invigilator to determine whether the material is admissible.
- d. Once the examination has commenced, candidates found in possession of any inadmissible material must be considered to have cheated and the examination will be terminated.
- e. Once the examination has commenced candidates shall not remove any material from the examination room including rough workings and sketches.
- f. Any candidate proved to have cheated will not be allowed to take any examination for a period of twelve months from the examination date and no results will be issued for any parts already completed.
- g. Cell phones are prohibited in examinations. If this causes problems, see the Examiner/Invigilator.

**I have read and understood all of the information and am comfortable with the provided facilities.**

CANDIDATE'S SIGNATURE: 응시자 사인 DATE: 바워를 것 (사실 당일 작성)



**ANNEX A:  
RECORD OF VISION TEST**

Name of individual tested:	성명		PCN number:	
Employer:	회사명과 대표자명			
Address:	회사 주소			
Telephone:	응시자 전화번호	Email:	응시자 이메일 주소	
<b>RESULT OF NEAR VISION TEST</b> (record the smallest text capable of being read).				
CORRECTED		UNCORRECTED		
OPTION 1: Times Roman N: _____, or		OPTION 1: Times Roman N: _____, or		
OPTION 2: Jaeger number: _____		OPTION 2: Jaeger number: _____		
<b>OPTION 3: RESULT OF NEAR VISION TEST – Tumbling E Option</b> (candidates should correctly identify 5 out of 5 on each line, and lines 1-9)				
CORRECTED		UNCORRECTED		
Line 1	Pass/Fail	Line 1	Pass/Fail	
Line 2	Pass/Fail	Line 2	Pass/Fail	
Line 3	Pass/Fail	Line 3	Pass/Fail	
Line 4	Pass/Fail	Line 4	Pass/Fail	
Line 5	Pass/Fail	Line 5	Pass/Fail	
Line 6	Pass/Fail	Line 6	Pass/Fail	
Line 7	Pass/Fail	Line 7	Pass/Fail	
Line 8	Pass/Fail	Line 8	Pass/Fail	
Line 9	Pass/Fail	Line 9	Pass/Fail	
<b>RESULT OF ISHIHARA COLOUR VISION TEST</b> Record the Ishihara test results, and indicate if an alternative (trade) test is suggested.				
Please tick the box of the Ishihara plate edition tested: <i>Failure to record this will result in vision test being rejected</i>		Record of Ishihara plates failed. Please tick the appropriate box as below:		
<input type="checkbox"/> 17 plates		<input type="checkbox"/> Plates tested passed with no errors		
<input type="checkbox"/> 24 plates		<input type="checkbox"/> Plates tested failed, see attached trade test		
<input type="checkbox"/> 38 plates				
(MINIMUM OF FIRST 17)				
<b>RESULT OF GREY SCALE TEST</b>				
Which grey scale test was used?		Number of correct readings given for Dr Kolbl ONE/TUV/BV Eye Examination (20 minimum)		
		<b>Pass/Fail</b> (delete as appropriate)		
		The Skerik grey scale test: - Contrast modification – It is required that the contrast of 2% and above shall be clearly discriminated on pattern while contrast of less than 1% shall not be visible.		
		<b>Pass/Fail</b> (delete as appropriate)		

}

이 부분만 작성.

**COLOUR VISION TRADE TEST**

Name of individual tested:		PCN number:	
Employer:			
Address:			
Telephone:		Email:	
<b>RESULT OF COLOUR VISION TRADE TEST (WHERE REQUIRED SEE ABOVE)</b> The employer should state the NDT methods and associated colours used by the employee:			
NDT METHOD	ASSOCIATED COLOURS	COLOUR DIFFERENTIATION	CONTRAST DETECTION
<b>RESULT OF OPTIONAL FAR VISION TEST</b>			
<b>CORRECTED</b>		<b>UNCORRECTED</b>	
Corrected far vision acuity shall have a minimum value of 0.8 (or imperial measurement 6/7.5 i.e. the candidate will be able to read the characters on the line marked 7.5 M-units at a distance of 6 metres).  <b>Pass/Fail</b> (delete as appropriate)		Uncorrected far vision acuity shall have a minimum value of 0.8 (or imperial measurement 6/7.5 i.e. the candidate will be able to read the characters on the line marked 7.5 M-units at a distance of 6 metres).  <b>Pass/Fail</b> (delete as appropriate)	
<b>DETAILS OF PERSON CARRYING OUT AND RECORDING ANY OF THE ABOVE TESTS</b>			
Signature:		Name of tester:	
		Date of test:	
		Expiry date of test: <b>(note: maximum 12 months from date of test but may be prior to that)</b>	
Organisation and telephone number (please use official stamp if available):			