

UT

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.

**PART 1. CANDIDATE'S PERSONAL DETAILS**

Family name:	성	Given names:	이름
Candidate's usual residence, including post code (address that will be shown on the certificate):		Address, including postcode, to which the PCN certificate, when issued, is to be sent.	
응시자 거주지 주소		Nawoo 305, Gobul-ro, Gwangju-Si Gyeonggi-do, Korea (12782)	
<b>CANDIDATE'S SIGNATURE AUTHORIZING CERTIFICATE TO BE SENT TO ABOVE ADDRESS:</b>			응시자 사인
Telephone number:	전화번호	PCN number:	
E-mail address:	이메일 주소	Date of birth (dd/mm/yyyy):	생년월일 일/월/년
Gender (optional):	성별		
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**

(현재 고용상태체크)

(CP16 Annex D1 should be used to record past employment.)

Employer's name and address (including telephone number, email address and post code):

회사주소 (전화번호, 이메일 주소, 우편번호 포함)

Candidate's position in the organisation:

응시자 직위 (또는 직급)

Employment status (employed or self employed):

고용상태  
 고용된 경우 → 자영업 또는 대표자

**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):	기재하지 않음

**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	VT
	CRT	TOFD	PAUT			✓	
Level (tick one box). note: RI is level 2 only	1	2	3				
		✓					
If level 3, state which exam part(s):							
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 II welds 3.1							
Preferred examination date and venue:	기재하지 않겠						

**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.

**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.**

<p>Claimed duration of experience in applying the NDT method under qualified supervision (enter number of months or weeks):  <b>PSL 30 to be completed with details:</b></p>	<p>UT 경력기간 (최소 12개월 이상) : 기간 기재          from ~ to (언제부터~)          (PSL/90의 경력기간과 동일하게 기재)</p>
<p>Name, address and telephone number or email address of person who can verify experience claimed:</p>	<p>Part 8. 추천인의          회사명, 주소, 연락처 (전화번호) 기재</p>

**PART 6. PAYMENT** (complete 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:					
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)					£ :

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

CANDIDATE'S FULL NAME: ..... 응시자 이종 기재 .....

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: ..... 서 명 ..... DATE: ..... 작성 일자 .....

\* 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. 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. 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)
- f. Your PCN record of certification and PCN identity card (if already a PCN certificate holder)
- g. 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.**

추천인 정병기24 (\* 반드시 UT Level III 자격증 보유자만 가능)

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

\* 신중히 제출시, 자격증 사본 제출

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

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

**PART 9. 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):

PSL/30 - RECORD OF PRE-CERTIFICATION EXPERIENCE SHEET OF

Candidate's name: 양시자 이영 PCN number (if known): \_\_\_\_\_

Home address: 주소 \_\_\_\_\_

Telephone number: 연락처 \_\_\_\_\_ Email: 이메일 주소 \_\_\_\_\_ Post code: \_\_\_\_\_

NDT Method or Inspection Method	NDT Technique or Inspection Technique	Description of component, material and/or structure tested	Details of application, procedure, code or standard	Experience gained		Signature, name and contact e-mail or telephone number of certificated supervisor (You must include a copy of the relevant certificates of the supervisor signing below refer to *NOTE)
				from	to	
UT	Manual, (P/E and Tandem)	Welds. (Pipes & Plates)	Ex) AWS D1.1, ASME B31.3, ASME B31.1,	* UT 경력 기간 기재 (파라 5. 경력 기재과 동일인물 기재)		Name of supervisor: <u>주권인 정범기</u> Position in Company: <u>(파라 5. 동일인물)</u> Contact Email: _____ Tel: _____ Signature: <u>서명필수(주권인)</u>

\*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.  
 [NB: 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. THIS NOTE DOES NOT APPLY TO WELD INSPECTION RECERTIFICATIONS/RENEWALS.

## RECORD OF VISION TESTS

Name of individual tested: \_\_\_\_\_ PCN number: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

<b>RESULT OF ISHIHARA COLOUR VISION TEST</b> 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):		
<b>RESULT OF COLOUR VISION TRADE TEST (WHERE NECESSARY - SEE NOTE 2)</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 NEAR VISION TEST</b> (record the smallest text capable of being read).			
CORRECTED		UNCORRECTED	
Times Roman N: _____, or  Jaeger number: _____		Times Roman N: _____, or  Jaeger number: _____	
<b>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: _____  Pass/Fail		Line: _____  Pass/Fail	
<b>DETAILS OF PERSON CARRYING OUT AND RECORDING ANY OF THE ABOVE TESTS</b>			
Signature: _____		Name of tester: _____	
		Date of test: _____	
Organisation and telephone number (please use official stamp if available): _____			