



Application form

F/CCS/01
Revision No. 01
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I am applying for certifications follows (check the applicable checkbox)

- Initial certification
- Re-certification (previous certificate must be attached)

Level	Radiographic Interpretation (RT-FI)	Ultrasonic Testing (UT)	Phase Array (UT-PA)	Time of Flight Detection (UT-TOFD)	Eddy Current Testing (ET)	Magnetic Particle Testing (MT)	Liquid Penetrant Testing (PT)	Visual Testing (VT)
I	NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product Sector	<input type="checkbox"/> welding	<input type="checkbox"/> welding	<input type="checkbox"/> welding	<input type="checkbox"/> welding	<input type="checkbox"/> tube <input type="checkbox"/> welding	<input type="checkbox"/> casting <input type="checkbox"/> forging <input type="checkbox"/> welding	<input type="checkbox"/> casting <input type="checkbox"/> forging <input type="checkbox"/> welding	<input type="checkbox"/> casting <input type="checkbox"/> forging <input type="checkbox"/> welding

1. PERSONAL INFORMATION

Mr Mrs Ms

First Name: Surname:

Date of Birth: Identification No:

Home Address:

Tel: Mobile:

Email:

Work Address:

Tel: Mobile:

Email:

2. EDUCATION

Please submit a copy of highest education

High School: Final Grade Completed:

Address: Province:

College / University	Faculty	Degree	From - To	GPA

3. TRAINING

Please submit a copy of each training and qualification certificate

Organization	NDT Method - Level	Training Hours	Period

I have included the following training certificates:

RT-FI UT UT-PA UT-TOFD ET MT PT VT

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4. QUALIFYING WORK EXPERIENCE

Position 1

Company: From To

Position: Location:

Acquired NDT Experience (hours):

RT-FI UT UT-PA UT-TOFD ET MT PT VT

Position 2

Company: From To

Position: Location:

Acquired NDT Experience (hours):

RT-FI UT UT-PA UT-TOFD ET MT PT VT

Position 3

Company: From To

Position: Location:

Acquired NDT Experience (hours):

RT-FI UT UT-PA UT-TOFD ET MT PT VT

5. EMPLOYMENT VERIFICATION

This section **MUST** be completed by a supervisor or personnel manager for the most recent employer indicated in section 4. If **current self-employed or a contract applicant** you must substitute this section with a letter of reference on company letterhead from two (2) separate clients attesting to assignments related to NDT during the period of performance, method of work done and length of time as a client.

Company: Company Phone:

Company Address:

I , verify that maintained employment at

Supervisor/Personnel Manager's name

Employee's name (print)

From To

Signature: Date:

Supervisor/Personnel Manager's name

Date/Month/Year

6. VISION TEST RECORD & CODE OF ETHIC FOR CERTIFICATE HOLDER

A current Vision Test Record (F/CCS/10) and Code of Ethics (E/SYS/09) must be completed and submitted with this application. To download a copy of the form, please visit our website www.tiv.co.th.

IMPORTANT: these forms must be completed and received in the TIV Certification Department not later than 30 days after the applicant's completed examination date. Applicants who have not fulfilled all requirement within 30 days after the examination date shall have all records, scores and applications voided and may be in jeopardy of forfeiting application fees.

7. SPECIAL REQUEST/ACCOMMODATION (if any, due to a disability)

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I hereby certify that I have read the standard requirements contained in the NDT personnel certification scheme E/SYS/06/01 including policies and fees published on www.tiv.co.th. Further, I agree to comply with the existing requirements and any subsequent requirements that may be instituted by Technical Inspection and Verification Co., Ltd. (TIV). I certify that the information I have included on this application is true; I agree to comply with the provision set forth in the certification scheme concerning the administration of my examination and certification. Upon obtaining my certification, I give TIV the right to reveal my certification status as it relates to my validity and expiration date only. I further understand that any required information that is incomplete or missing will cancel this registration.

Furthermore, I certify that I have not obtained any exam materials, have no prior knowledge of the TIV exam questions or answer, and have not and will not accept any solicitation for the TIV exam questions or answers from anyone at any time before or after the exam. I understand that a violation of this oath may be grounds for invalidation of my certification.

Applicant's Signature.....Date:.....

TIV being a Certification body, ready for entertaining any appeal / complaint from the applicant, candidate, and certified process. The appeal and complaint handling process is documented in the procedure no. QP/06. As a policy appeal / complaint will be handled and will be resolved within 15 days. Kindly write to Certification Manager or Management Representative for your appeal / complaint.

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To be filled by TIV

Expected date of training / want to opt scheduled training of TIV, if any	
Location of training	
Name of trainer	
Expected date of examination	
Location of examination hall / centre	
Name of invigilator	
Name of examiner	
Training charges	
Certification charges	

Details of application review by Certification Manager

Sr. No.	Points reviewed	Status of review
1.	Is job / task description clear?	
2.	Does all participants having required competence as per certification scheme in terms of educational qualification, experience etc.?	
3.	Have their qualification and experience documents submitted along with application?	
4.	Does a participant comply with the physical capabilities? such as vision, hearing, mobility including the physical fitness. If anyone is not complying, then write down his name with type disability	
5.	Have they provided training certificate (if not opted for training as per the requirements of certification scheme, for this certification)?	
6.	Is the person selected as trainer competent?	
7.	Is the person selected as examiner competent?	
8.	Is the examination location selected for written exam secure as per the requirements?	
9.	Special requirements, if any	

Overall remarks by Document Controller

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Name & Signature of applicant Date:...../...../.....	Enrolled by Document Controller	Reviewed and approved by Certification Manager
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