



CAN/CGSB-48.9712-2022

NDT PERSONNEL INITIAL CERTIFICATION APPLICATION

IMPORTANT: As the APPLICANT, I understand that applications **MUST** be completed in full. Incomplete applications can cause delays in processing and may be returned. **Certification must be obtained within five years of successfully completing the first examination.** If certification is not obtained, the application will be terminated and I will need to reapply and meet said requirements as stated in Form 500. **Form 500, "CWB NDT Personnel Certification Guide",** is an essential and beneficial part of the application process and provides useful information to assist candidates in applying for certification to CAN/CGSB-48.9712-2022.

initials

Applicant's Information:

First Name			Middle Name			Last Name			Tel.:			Residence		
Address:									Tel.:			Business		
Street														
City			Province			Postal Code			Country			Tel.:		
												Cell		
*Email:									<i>*I understand that all official communication moving forward will be sent to me via electronic mail (email) and it is my responsibility to advise the CWB Group of any changes in my email address.</i>					

*I will be or reach the age of majority in my province of residence at the time of certification:

initials

If you are currently or were previously certified to CAN/CGSB-48.9712, provide your Registration Number and attach your certificate: _____

Initial Certification Information:

I am applying for initial certification for the following (check all that apply):

Level	NDT Method (EMC Sector)				
	PT	MT	UT	RT	ET
1	N/A	N/A			
2					
3					

Valid vision acuity, prerequisites, and training certificates for all methods/levels being applied to are required prior to assessment for examination admittance. CWB recommends Qualifying Work Experience be completed before attempting the exams. Those who would like to go directly to Level 3 with higher education must have 40% of the minimum industrial experience days before attempting examinations. Successful completion of the examinations and satisfying the minimum duration of industrial NDT experience is required to assess certification. Examination results are valid for 5 years after completion.

I am applying with: **Full Qualifying Experience** **Partial Qualifying Experience** **No Qualifying Experience**

Checklist:

- Complete and attach CWB NDT Vision Form
- Acceptance of Code of Ethics
- Complete NDT Prerequisites and Training Form and attach certificates
- Complete Digital Photographs Form and attach/send photos
- Complete Industrial NDT Experience Form
- Complete Attestations

The certification fee must accompany application - the latest fee schedule is available at www.cwbgroup.org. (USA American Express and Visa Debit are not accepted)

Credit Card #:	_____	Expiry Date:	_____
Name on Card:	_____	Security Code:	_____

Upon completion of the certification requirements, do you wish to have your telephone number published on the public registry of certified personnel on the CWB Group's website? YES NO If yes, indicate which number: _____

Code of Conduct

Certified NDT personnel recognize that precepts of personal integrity and professional competence are fundamental, and as such shall (in no particular order):

- Protect to the fullest extent possible within their role the safety, health, and well-being of the public and the environment
- Inform CWB, without delay, of any matters that can affect their capability to continue to fulfill certification requirements
- Discontinue all claims to certification upon expiry, suspension, or withdrawal of certification, and upon request return any certificates and/or wallet cards issued by CWB
- Undertake only those assignments for which they are competent by virtue of certification, training, and experience and, where warranted, seek the assistance of specialists as required to complete of assignments
- Not perform unethical or dishonest acts or making statements that would discredit or bring the certification scheme of CAN/CGSB-48.9712 into disrepute
- Immediately inform CWB when they become aware of unethical actions and falsified documentation NDT work
- Not falsify documents, falsely claim, misrepresent or permit misrepresentation or misuse of their own or other's academic or professional qualifications, knowledge, training, experience, work responsibilities, or certifications
- Respect the confidentiality any information given by an employer or colleague, while being consistent with the well-being of the public
- Be objective, thorough, and factual in any written report, statement, or testimony about the work and include all relevant or pertinent information in such documents
- Sign only for work that they have inspected or for work about which they have personal knowledge through direct technical control
- Comply with the applicable provisions of CAN/CGSB-48.9712 relevant to their method/level/sector of certification and responsibilities
- Indicate to the employer or supervisor any decisions that have been overruled by any authority that could result in adverse consequences
- Maintain personal competency by updating their technical knowledge and skills as required to perform inspection properly
- Inspect in accordance with the applicable governing codes or standards

By signing below, I agree fully to the code of conduct outlined above, failure to do so may result in, as determined by CWB, disciplinary measures, termination of certification, legal actions, notifications of others, or other means as appropriate.

Full Name:

Signature:

Date:

NDT Prerequisites & Training

Attach certificates for the relevant prerequisites and training along with completing the information below:

Prerequisites:

Prerequisites	Recognized Training Organization (RTO) Name	Completion Date	Exam Mark (%)	Certificate Attached?
Materials & Processes				
Radiation Safety Training (For RT only)			N/A	

Training:

NDT Method/Level	Recognized Training Organization (RTO) Name	Completion Date	Theory Training (Days)	Practical Training (Days)	Final Mark (%)	Certificate Attached?

Per CAN/CGSB-48.9712-2022, Clause 7.2, training for initial certification is valid for a maximum of ten years from the date of completion. In addition to the minimum durations listed in Table 2 of CAN/CGSB-48.9712-2022, CWB requires 40% of the training to be practical training. CWB will not consider training reductions for higher education (post-secondary education in engineering or science).

Please attach copies of the above certificates to the end of this application or in email to **inspector@cwbgroupp.org** with your full name in the subject line. Your application will not be reviewed until all the relevant certificates are received.

Digital Photograph

CWB requires a digital photo for the purposes of identification and as part of the certificate/cards. CWB requires that the digital photos be as specified below (similar to a *digital* passport photo) and attached to your application or emailed to **inspector@cwbgroupp.org**:

- must be taken in person by a professional photographer no more than 6 months before the date you submit your application
- your face and shoulders centered and squared to the camera with a neutral face expression
- uniform lighting with a plain white or light background with a clear difference between your face and the background
- chin to crown (top of your head) should be between 45 to 50% of the photo's height
- photographs with sunglasses, tinted glasses, hats or any self-taken photographs are **not permitted**.
- must be in JPEG format, in colour or black and white, saved directly from the original file (no scans or any altering)
- must have a 3:2 aspect ratio, be at least 1800 pixels high by 1200 pixels wide, and no larger than 4500 pixels high by 3000 pixels wide
- file size must be between 200KB and 4MB in size, maximum two photos per submission.
- additional photos may be requested if they do not meet the criteria.

Additionally you must complete the information below for the submitted photo(s):

Studio or Photographer's Name: _____ Studio or Photographer's Phone Number: _____

Studio or Photographer's Address: _____ Date the photo(s) were taken: _____

Number, Street, City, Province, Postal Code

The photo(s) submitted is a true likeness of me and I consent to the release of the photo(s) for the purposes of certification per Clause 9 of CAN/CGSB-48.9712-2022 and I have attached or sent the digital photos to CWB.

Applicant's Signature

(Physical/Digital only)

Date (MM/DD/YYYY)

Qualifying Work Experience
USE ADDITIONAL PAGES AS NECESSARY

Form 501E/2024-03

Applicant Full Name: _____

Applicant Signature: _____

Qualifying Work Experience (QWE) From: _____
MM / YYYY

To: _____
MM / YYYY

Company Name _____

Job Title _____

Address _____

Phone _____

Experience for NDT Method/Level/Sector: _____
(only one NDT method per form)

Days of experience for this method: _____
1 day = 7hrs min., 12hrs max

Additional copies of this page should be used for additional NDT methods / multiple companies / multiple references and submitted together with this application, if required. All additional experience pages provided must be signed by your Employer/Supervisor. Resumes will not be accepted except for L3 applications. **Qualifying Work Experience must satisfy the eligibility requirements and be completed within five years of the first successful examination.**

Work Experience for Subject NDT Method/Level				
Industry	Applications	Materials	Time Spent	%
<input type="checkbox"/> Aerospace	<input type="checkbox"/> Castings	<input type="checkbox"/> Aluminum	Inspections:	
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Fittings/valves	<input type="checkbox"/> Cast Iron	Planning:	
<input type="checkbox"/> Marine	<input type="checkbox"/> Forgings	<input type="checkbox"/> Ceramic	Reporting:	
<input type="checkbox"/> Mining	<input type="checkbox"/> Lift Equipment	<input type="checkbox"/> Composites	Standards Development:	
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Nozzles/nodes	<input type="checkbox"/> Concrete	Supervision:	
<input type="checkbox"/> Petro-Chemical	<input type="checkbox"/> Pipe/Tube	<input type="checkbox"/> Copper	Training/conferences:	
<input type="checkbox"/> Pulp and paper	<input type="checkbox"/> Pressure vessels	<input type="checkbox"/> Magnesium	Writing procedures/documents:	
<input type="checkbox"/> Research	<input type="checkbox"/> Storage Tanks	<input type="checkbox"/> Plastic	Other:	
<input type="checkbox"/> Structural	<input type="checkbox"/> Structures	<input type="checkbox"/> Stainless steel	Total:	100%
<input type="checkbox"/> Training/Certification	<input type="checkbox"/> Welds	<input type="checkbox"/> Steel		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		

Time Spent with Techniques/Tools for the Subject NDT Method (fill in only the Method for this QWE)									
MT	%	PT	%	RT	%	UT	%	ET	%
Visible		Visible		Gamma		Thickness Gauge		Analog Meter	
Fluorescent		Fluorescent		X-Ray		Flaw Detector		Phase Display	
Yoke		Solvent Removable		Linear Accelerator		Phased Array		Single Frequency	
Wet Bench		Water Washable		Film		Straight Beam		Multi-frequency	
Coil Wrap		Post Emulsifiable		Fluoroscopy		Angle Beam		Remote Field	
				Digital		Contact			
						Immersion			
						TOFD			
Total	100	Total	100	Total	100	Total	100	Total	100

*Additional spaces in the table can be used to add and tally additional techniques/tools

TO BE COMPLETED BY EMPLOYER/SUPERVISOR

I confirm that:

- The above-named applicant has been performing work related to the subject NDT method and level for the period indicated above,
- I was responsible for supervising the above-named applicant's work,
- I have firsthand knowledge of the above-named applicant's work, and
- I recommend the above named applicant for certification in the subject NDT method and level.

Full Name: _____

Phone Number: _____

Job Title: _____

Email: _____

CGSB Registration # (if applicable): _____

I certify the above information to be true and correct and consent to be contacted by CWB to confirm these statements. I understand that any false statements may result in the cancellation of this application and/or the withdrawal of certification.

Signature _____
(Physical/Digital only)

Date (MM/DD/YYYY) _____

Attestations**THIS SECTION MUST BE COMPLETED**

Referees shall be active CAN/CGSB-48.9712, Level 2 certified in the method being sought by the candidate or Level 3 certified NDT personnel in good standing that can attest to the information provided by the applicant in this application prior to certification.

TO BE COMPLETED BY REFEREE

Referee Full Name (please print): _____ Referee Email: _____

Referee Job Title: _____ Referee Phone Number: _____

NDT Registration Number: _____ Current employer: _____

NDT Level: 2 3 NDT Methods: PT MT UT RT ET

I certify the information and photographs provided in this form is accurate to the applicant and that the applicant is suitable for certification. I understand that any false statements may result in the cancellation of this application, the withdrawal of certification and possible disciplinary action. I understand that CWB may contact me to verify this information.

Referee Signature _____ Date (MM/DD/YYYY) _____

THIS SECTION MUST BE COMPLETED**Applicant Attestation**

I, _____, confirm that:
(Print Full Name)

- The information and photographs provided in this application are accurate, true and the application is complete to my knowledge.
- I understand that any false statements may result in the cancellation of this application and/or the withdrawal of certification.
- I understand that CWB may conduct audits to verify any or all of the information provided in this application or request additional documentation and will comply with such requests.
- I understand that CWB may contact any or all of the individuals in this application or other related persons to verify or request additional information about this application or about the applicant.
- I have not applied previously using a different alias, or applied in parallel with another certification body for this certification.
- I confirm I will be the age of majority in my province of residence at the time of certification.
- I must inform the certification body, without delay, of matters that can affect the capability to continue to fulfill the certification requirements.
- My signature below attests that I fully understand the certification scheme and will comply with the terms and conditions of CWB's NDT certification.
- I have read, understood and accept CWB's Privacy Policy: <https://www.cwbgroup.org/privacy-policy/>
- I understand that my personal information, including my photograph, is necessary to support my application for certification and I consent to the collection of my personal information by CWB.

Applicant Signature _____ Date (MM/DD/YYYY) _____

Examination Accommodations: Any candidate that may require accommodations of special needs should contact CWB directly at inspector@cwbgroup.org to discuss. CWB will strive to accommodate needs within reason.

Additional documents and evidence (including photographs, certificates) should be sent to inspector@cwbgroup.org from the **email noted in your application and with your full name and registration number (if possible)** in the subject line.