



CAN/CGSB-48.9712-2022

NDT PERSONNEL CERTIFICATION RENEWAL

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 examinations.** 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
City:			Tel.:	Cell
Province				
Postal Code				
Country				
*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>	

initials

*Provide your Registration Number: _____

***If your current certification is not from CWB, please attach a copy of your certificate(s). Additionally, you must include a Digital Photograph for renewal.**

Renewal Information:

I am applying for renewal for the following (check all that apply and indicate the expiry date):

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

Valid visual acuity and work activity for all methods/levels being renewed are required prior to assessment for examination admittance or Structured Credit review.

I would like to complete practical examinations instead of Structured Credit (Level 1 or 2 only):

Checklist:

- Complete and attach CWB NDT Vision Form
- Acceptance of Code of Ethics
- Complete Work Activity Form
- Complete Structured Credit Form (if selected)
- Complete Digital Photograph Form and attach updated photos

The certification fee must accompany application. (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 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:

Digital Photograph

For candidates that would like to update their photo for their identification as part of renewal, 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 as 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)

Work Activity Form

Candidate Full Name: _____

Candidate Signature: _____

Work ActivityFrom: _____
MM / YYYYTo: _____
MM/ YYYY

Company Name Address

Job Title _____

Phone _____

Work Activity for NDT Method/Level:

Days of Activity: _____
1 day = 7hrs min., 12hrs max

Additional copies of this page should be used for additional NDT methods / multiple companies / multiple references, if required. All additional experience pages provided must be signed by your reference. Resumes will not be accepted. This section must be completed prior to review for certification renewal and may be referenced to evaluate Structured Credit for performance of NDT activities.

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 candidate 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 candidate's work,
- I have firsthand knowledge of the above-named candidate's work, and
- I recommend the above named candidate for certification in the subject NDT method and level.

Full Name: _____

Job Title: _____ Phone Number: _____ 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)

Structured Credit Form - Renewal**Candidate Full Name:** _____**Candidate Signature:** _____

CWB recommends the candidate review the Structured Credit System section in Form 500 CWB's NDT Personnel Certification Application Guide to find where their activities align with those in Table C.1 of CAN/CSGB-48.9712-2022 and the calculation of points. Evidence is required to be attached for all activities except for Performance of NDT Activities which is covered through the Work Activity Form. In all cases, additional information may be requested by CWB during the review.

Candidates must achieve a minimum of 100 points in the 5 year renewal period based on the requirements of Table C.1 of CAN/CSGB-48.9712-2022. For Level 1, a minimum of 75 of the 100 points must be from Part A of Table C.1. For Levels 2 or 3, a minimum of 50 of the 100 points must be from Part A of Table C.1.

Structured Credit Table

Please fill out the number of occurrences per certification year (each 12 months starting from you certification date) column in the table below and check off the evidence of those activities attached to this application. Suitable evidence must include the name of the candidate and the date occurred. For evidence that contains employer's documents, the individual shall provide to CWB a written statement of approval from the employer. Note the examples of evidence below do not cover all of the acceptable types, please contact CWB for guidance.

Item	Activity	Year 1	Year 2	Year 3	Year 4	Year 5	Units	Evidence Examples	Evidence Attached
Part A									
1	Performance of NDT Activities						Days	N/A	N/A
2	Completion of theoretical training in the method						Days	Certificates, etc.	
3	Completion of practical training in the method						Days	Certificates, etc.	
4	Delivery of practical or theoretical training in NDT in the method considered (Level 2 or 3 only)						Days	Course Outline, Syllabus, etc.	
5	Participation in research activities in NDT field or for engineering of NDT						Weeks	Letter from research lead, etc.	
Part B									
6	Participation to a technical seminar/paper in the field of the method or technique						Days	Paper/seminar aspect showing name and date, etc.	
7	Presenting a technical seminar/paper in the field of the method or technique						Presentation(s)	Presentations, etc.	
8	Current individual membership in NDT or NDT related society						Membership(s)	Membership card, letter, etc.	
9	Technical oversight and mentoring of NDT personnel/ trainee in the relevant method (Level 2 or 3 only)						Mentee(s)	Letters from mentees or employer describing hierarchy, etc.	
10	Participation or convenorship in standardization and technical committees (Level 2 or 3 only)						Committee(s)	Technical committee letters, member listings, etc.	
11	Performing a technical NDT role within a certification body (Level 2 or 3 only)						Activity	Resume, letter from supervisor listing each activity, etc.	

Attestations

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)

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 to 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 applicant for certification and I consent to the collection of my personal information by CWB.

Applicant Signature

Date (MM/DD/YYYY)

Late Renewal Policy: It is the responsibility of the certificate holder to initiate the procedure required for renewal, the certificate becomes inactive if the certificate holder does not renew by expiry date. No later than 12 months after the date of expiration of the certificate, the certificate may be reactivated upon review of the renewal application once submitted. If the renewal application is received after the date of expiration of the certificate, the renewal date of the new certificate shall be the date on which all requirements for renewal are met. In this case, there shall have been an interruption in the certification period. The date of expiration of the new certificate shall be no more than 5 years from the date of expiration of the original certificate. Beyond 12 months from expiry, the candidate can only reinstate their certificate by completing recertification exams.

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.