



Course & Examination Enrolment Form (BINDT-PCN)

Enrolment Details

Course Only Course & Examination

Course / Exam Venue: -
 Dubai Others (Specify) _____

Course Ref _____

Course Title _____

Course Date _____

Examination only

Resit

Previous PCN Result Notice # _____

Recertification Supplementary

Pervious Cert No _____

Expiry Date- _____

Preferred Exam Date _____

Self-Sponsored Company Sponsored

Examination Applied For

NDT Method (Select One)

RT UT PT MT VT WI

BRS RPS

Products or industry sector in which certification is sought

Casting Wrought products and forgings

Welds Pre & In-service inspection,

NDT Level

Level 1 Level 2 Level 3

Candidate Details

PCN Identification Number :
 (For Existing PCN Certificate Holders)

Last Name (Surname) First Name (Given Name)

 Candidate's Date of Birth Passport/ NID / SS Number

 Usual Residential Address

 City State/Prov.

 Postal Code Country

 Phone Fax

Email

Current Employer

Organization Name

Address

City State/Prov.

ZIP/Postal Code Country

Phone Fax

Email

Send PCN Result Notice to

To Candidate's Address To Current Employer

To Test centre

Pre-Certification Experience

Claimed duration of experience in applying The NDT method under qualified supervision (months or weeks)

Name, address and telephone number or Email address of person who can verify experience claimed:-

Notes

1. Experience is not an essential pre-requisite for examination; however **certification will not be awarded** until required experience is attained. Please Contact WENS for more clarification.
2. Experience satisfying the requirements detailed in PCN/GEN at clause 6.4 may be gained following examination and recorded on Form PSL/30.
3. Once evidence of experience satisfying PCN/GEN clause 6.4.1 or 6.4.2 is accumulated, it is provided direct to BINDT together with an application for certification using form PSL/57C

Pre-Certification Training (Applicable for Initial Candidates who enrol for examination only)

Name of training organisation and title/reference of relevant training course :

Dates of Course: _____

Please attach evidence of satisfactory completion of PCN approved training course. Form PSL/42 may optionally be used to record additional on-the-job training (Refer PCN/GEN clause 6.2.4).



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Candidate's statement confirming eligibility for examination

Candidate's full name

PCN number (For 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 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.

Signature Date

Verification of candidate's statement by the sponsorer, employer, or a referee if the candidate is self-employed.

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

Name

Signature

Company Name

Telephone Email

Payment Details

Calculated fees (In Dhs)
Check /Draft make payable Wens Technical & Occupational Skills Training LLC

Personal Credit Card Company Credit Card.

Visa Card MasterCard Amex

Holder Name

Card Number

Expiry Date CIN Number*

Card Holder's Signature

Card Holders Address (Same as billing addresses)

Address

City State/Prov.

ZIP/Postal Code Country

Phone Fax

*Credit Card Identification Number: Visa/MasterCard The three-digit number is printed on the signature panel on the back of the card following the account number. American Express: The four-digit number is printed above the account number on the front of the card.

Company Invoice - Attach Company Order

Wire transfer(Please Add Dhs 50 or equivalent for administrative and bankcharges)

Wire Transfer details

Bank Name :

Account Number :

SWIFT code :

Terms and Conditions

- All the payment should be paid before closing date, including payment against Invoice
Cancellation before closing date, 50 % fee refund
Rescheduling before closing date service charge Dhs 500
No refund after closing date
No refund for No show
All request in writing-Fax-email

Check List

- All sections of the Form Complete and signed
Vision Test Certificate (PCN PSL/44 may be used)
Evidence of experience (PCN PSL/30 may be used)
Evidence of training (PCNPSL/42 may be used)
Payment -Correct examination fee

For any clarifications or for any local assistance do call or email with details.

Receipt and acknowledgment of this completed application form will be sent within 4 working days.