

PLEASE  
YOUR

## TWI

TES Canada Inc

#36, 4620 Manilla Road SE, Calgary, AB, Canada, T2G 4B7

Tel: +1 (0) 403 245 5548

[info@tescan.ca](mailto:info@tescan.ca)

## Personal Information

1 2 3 4 5 6  
(PLEATWI Candidate ID Number:  
(If known) 12/24/2021

Event \_\_\_\_\_

Event \_\_\_\_\_

Candidate's Family

E d w a r d

Candidate's Middle

R a d i n

Candidate's Given Name

T E s t

Date of Birth: 23423 / 45243

## Permanent private address

(234) 324 - 234

amir@gg.com

Postcode \_\_\_\_\_

Car \_\_\_\_\_

Private \_\_\_\_\_

Emergency \_\_\_\_\_

Tel.: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Correspondence

tewetr \_\_\_\_\_

## Sponsor

ring Com

Contact \_\_\_\_\_

Tel.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you have a disability or any special relevant to this course or examination? ☐ Yes ☒ No

(If yes, please let us know details of any adjustments you may require).

SEND TH  
PAYMENT

Please tick:

E.COM

Training Methods of Payment (The E-transfer method is p  
Bookings  
provisional, which does not guarantee a place.

1) E-transfer to accounting@tescan.ca

It's an auto deposit account, no need security question

2) Direct deposit/Wire transfer. TES Canada Bank account

3) By Cheque. It can be mailed to:

TES Canada Inc.

1520, 240-70 Shawville Blvd SE, Calgary, AB, Canac  
SE

Bank Name: RBC (Royal Bank of Canada)

Account Name: TES CANADA INC.

Account No: 1070812

Transit No: 02299

Institution No: 003

RBC Address: Royal Bank of Canada, 250 Shawville Blvd S  
(Postal code T2Y 2Z7)

SWIFT Code: ROYCCAT2

Sort code: //CC000302299

IBAN code: 003107081202299

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## Venue

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## Where did you hear about TWI Ltd?

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Linker

☐ CSWIP \_\_\_\_\_

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☐ Email \_\_\_\_\_

NDT I

☐ Bullet \_\_\_\_\_

Exhib

☐ Google \_\_\_\_\_

Word

☐ Other \_\_\_\_\_

## GDPR statement

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## Please tick if you are

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## Internal Use Only

Ranking Ref:  
— 123542

**Section 1: Examination Applied For** (to be completed in full by all applicants)

<b>Examination Type</b>	<input type="checkbox"/> Initial	<input type="checkbox"/> supplementary	<input checked="" type="checkbox"/> renewal	<input type="checkbox"/> bridging	<input type="checkbox"/> retest of examination
<b>Examination Body</b>	<input type="checkbox"/> CSW TEst				
<b>PCN or BGAS Approval Number:</b>	TEst				
<b>Current CSWIP qualifications held:</b>					

**Section 2: CSWIP Welding Inspection examination** (to be completed

Please by ticking the box

x indicate the examination of

<input type="checkbox"/> VWI (3.0)	<input type="checkbox"/> WI (3.1)	<input type="checkbox"/> SWI (3.2.1)	<input type="checkbox"/> SWI (3.2.2)	<input type="checkbox"/> AWS→CSWIP
<input type="checkbox"/> Endorsement	<input type="checkbox"/> Instructor	<input checked="" type="checkbox"/> Supervisor	<input type="checkbox"/> QC Coordinator	<input type="checkbox"/> ASME IX

**Pre-certification experience**

CSWIP

Welding

Inspection

requirements is an essential

al part of the eligibility criteria. Please

Please tick relevant box (this must)

must be signed and verified by

<b>VWI (3.0)</b>	Although there is no specific engineering experience and two years industrial experience.	
<b>WI (3.1)</b>	<input type="checkbox"/>	Welding Inspector qualified super
	<input type="checkbox"/>	Certified Visual
	<input type="checkbox"/>	Welding Inspector
<b>SWI (3.2.1 &amp; 3.2.2)</b>	<input type="checkbox"/>	Certified Welding Inspector for a minimum of 2 years with
	<input type="checkbox"/>	5 years' authenticated experience related to the duties and
<b>Welding QC coordinator</b>	<input type="checkbox"/>	A current valid CSWIP 3.2 Senior responsibilities or an international equivalent. Welding Inspector certified.
	<input type="checkbox"/>	A current valid CSWIP 3.1 Welding international equivalent. Welding Inspector with 10 years
<b>ASME IX</b>	<input type="checkbox"/>	Hold current
	<input type="checkbox"/>	Certified Weld
	<input type="checkbox"/>	A HNC in Weld
	<input type="checkbox"/>	Working in welding (3.1) hold

Please give a detailed statement

ent of how you meet the requirement

TEst

**Section 3: Underwater Inspection** (to be completed in full by all candidates for C

Please by ticking the box

x indicate the examination of

<input type="checkbox"/> 3.1U	<input type="checkbox"/> 3.2U	<input checked="" type="checkbox"/> 3.3U	<input type="checkbox"/> 3.4U	<input type="checkbox"/> A-SCAN
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**Pre-certification experience**

CSWIP

Under

water

requirements is an essential part of the eli

gibility criteria. Please refer to the I

Evidence of experience shall be compl

eted using form EX07 – pl

**Section 4: NDT examination** (to be completed in full by all candidates for CSWIP NDT E

Please tick relevant box in ea

ch section – Method, Level, Indu

Method

<input type="checkbox"/> PT	<input type="checkbox"/> MT	<input type="checkbox"/> VT	<input type="checkbox"/> ET	<input type="checkbox"/> ACFM
<input type="checkbox"/> RT	<input type="checkbox"/> Rad Interpret	<input type="checkbox"/> CR/DR	<input type="checkbox"/> CRI / DRI	<input type="checkbox"/> BRS
<input type="checkbox"/> UT	<input type="checkbox"/> PAUT	<input checked="" type="checkbox"/> TOFD	<input type="checkbox"/> AUT	<input type="checkbox"/> UTCM
<input type="checkbox"/> Appreciation	<input type="checkbox"/> Basic	<input type="checkbox"/> Phasor DM		

Level

<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input checked="" type="checkbox"/> Level 3	
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Industrial sector &amp; categor

y

<b>Industry Sector</b>	<input type="checkbox"/> General	<input type="checkbox"/> Welds	<input type="checkbox"/> Castings	<input checked="" type="checkbox"/> Wrought	<input type="checkbox"/> Forgings	<input type="checkbox"/> Tubes &
<b>UT Categories</b>	<input type="checkbox"/> 3.1	<input type="checkbox"/> 3.2	<input type="checkbox"/> 3.7	<input checked="" type="checkbox"/> 3.8	<input type="checkbox"/> 3.9	<input type="checkbox"/> Critical s

**Industrial experience**

Experience is not an ess  
the Examination Centre. Experienc  
experience satisfying these requirements

ential pre-requisite for exa  
e satisfying the requirements detail  
is accumulated, it should be sent to Cus

**Section 5: Plant Inspection** (to be completed in full by all

canc

Please by ticking the bo

x indicate the examination of

<input checked="" type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3	<input type="checkbox"/> Endorsement
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**Pre-certification experience**

CSWIP Plant Inspection Scheme doc  
requirements is an essential

ument stipulates the  
part of the eligibility criteria. Please refer to the I

Please tick relevant box (this mu

st be signed and verified b

Plant inspection Level 1	<input type="checkbox"/>	I hold current approved NDT Lev	el 2 (ACCP, CSWIP,
	<input type="checkbox"/>	I hold CSWIP Welding Inspector or higher	
	<input type="checkbox"/>	I hold HNC in Mechanical Engi	neering or equivalent
	<input type="checkbox"/>	I have a minimum of Five years, can be supplied – Must be Authe	assessed and authen nticated by Line Man
Plant Inspection Level 2	<input type="checkbox"/>	I hold a valid Level 1 Plant Ins	pector approval
	<input type="checkbox"/>	I have successfully completed the	Level 1 exams as a

Please give a detailed statem

ent of how you meet the

Test	
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**Section 6: Other examinations** (to be completed in full

by al

Please tick and specify exam t

itle as required

<input type="checkbox"/> Plastic welding	<input checked="" type="checkbox"/> Offshore visual Inspector	<input type="checkbox"/> BGAS
Examination title required	Test	

**Pre-certification experience**

CSWIP and BGAS Scheme documents  
is an essential part of the eligibili

stipulates the minimum requirements  
ty criteria. Please refer to the latest versi

Please contact TWI Customer Serv

ices for advice on relevant form

**Section 7: Candidate's declaration** (to be completed in full by all applicants)

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by	me	for
I	agree to	read
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**Section 8: Verification** (to be completed in full by all applicant's verifier)

Verification exam outside TWI or CSWIP certi is eligibi fication body. an lity

**Verifier details**

Name (in capitals): Test 22  
Company & position: TWI  
Professional relation to the candidate: Test  
Telephone no.: 576457456  
Email Address: fff@gg.com  
Date: 04/22/2021

Authenticated C

**Verifier's declaration:**

To the best of my belief, the cand

idate's statement given above i

Verif

ier's S

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