NOTICE OF RENEWAL

For all Non-destructive testing certified personnel whose surname begins with the letters A-F

This is a reminder that it is time to apply for the **2003-2005**, **3-year renewal** of your pocket-type NDT certificate and your photo identification card which expire on **December 31**, **2002**.

To apply for certification renewal, you must submit to the NDT Certifying Agency the three forms enclosed with this notice (<u>Renewal Application</u>, <u>Eye Examination Report</u>, and <u>Code of Ethics</u>), along with the appropriate renewal fee.

Renewal Application Form

Employment Declaration. Check (\checkmark) each of the NDT methods and sectors in which you hold active certification and wish to renew, and sign your declaration.

Employer Verifications. It is the employer's responsibility to verify the accuracy of their employee's *Employment Declaration*, and to ensure that the employee has annually met the visual acuity requirements.

Type of Payment. The following forms of payment are accepted by the NDT Certifying Agency: cheque, money order, MasterCard or Visa. Cheques and money orders are to be made payable to the Receiver General for Canada. If paying by credit card, you must <u>PRINT</u> the name identified on the credit card, card number, expiry date and amount.

The renewal fees for this three year term are as follows:

	Number of methods								
1 2		3	4	5					
\$150.	\$255.	\$345.	\$405.	\$435.					

It is important to note that there will be \underline{NO} renewal fee applied to initial certification and/or recertification acquired in an NDT method <u>in 2002</u>.

Eye Examination Report Form

This form must be completed by an oculist, optometrist or other professionally recognized person. The eye examination report must be dated <u>January 1, 2002 or later</u>. Other types of vision examination forms may be acceptable providing all applicable information is recorded, however, we encourage the use of our form to minimize processing rejections or delays.

Code of Ethics Form

You must reaffirm your agreement to abide by the code of ethics in accordance with the Standard CAN/CGSB 48.9712-2000. Please read and sign the enclosed Code of Ethics Form and return it with your renewal application.

To avoid a lapse of certification after December 31, 2002, please ensure that your renewal application is received by this office no later than December 01, 2002. Should you have any questions, please feel free to contact us at:

NDT Certifying Agency CANMET Materials Technology Laboratory	Telephone	: (613) 992-7956 or (613) 943-1300
Natural Resources Canada 568 Booth Street	E-Mail:	dbouchar@nrcan.gc.ca jlachape@nrcan.gc.ca
Ottawa, ON K1A0G1	Fax:	(613) 943-8297

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NDT Personnel Certification to the Standard CAN/CGSB-48.9712-2000

RENEWAL APPLICATION FORM

for NDT pocket cards expiring December 31, 2002

D Mr. [□ Mrs. □ Ms							
CANDIDATE:	SURNAME		GIVEN	NAMES		CAP	RD REG. #:	
Address:			GIVEN	NAME5				
	CITY		PROVINCE			POST	POSTAL CODE	
PHONE:				DATE OI	F BIRTH : Yr	/ <i>Mo</i>	/DAY	
<i>exceeding on</i> duties corres	ENT DECLARAT e year, during the pe sponding to my level DS AND SECTORS:	riod from Janu	ary 1, 2002 to	December 31	, 2002, which	prevented me f		
Signature								
			<u> </u>		Date:			
Employer:								
ADDRESS:								
	CITY		PROVIN	ICE		POS	TAL CODE	
PHONE:					FAX:			
employe.	R VERIFICATION	NS:						
I verify the	accuracy of the <i>EMI</i>	PLOYMENT D	ECLARATIO	N of the emp	loyee whose na	ame appears or	this application.	
I verify that	this employee has a	nnually met th	ne visual acuit	ty requiremen	its of the CAN	/CGSB-48.9712	2-2000 Standard.	
Supervisor:	(please pri	nt)	Signat	ure:		Date		
TYPE OF F	PAYMENT: 🗍 G	Cheque 🗖	Money Orde	er ⇒ made	payable to th	e Receiver Gene	eral for Canada	
Credit Card		🗖 Comp	·	🗖 Visa	□ MasterC			
	s Name:						t:	
Card Numbe	er:					Expiry D	ate:	
[have enclose	ed with this application	on: a properly com	pleted vision	form 🗖 a	signed code of	f ethics form		
SUBMIT FOF	RMS AND PAYMENT	<i>TO</i> :		INQUIRI	ES:			
	terials Technology I ources Canada treet	_aboratory		Telepho E-mail: Fax:	dbouc jlachar	92-7956; 943-1; har@nrcan.gc.c be@nrcan.gc.ca 43-8297	ca or	

