AINDT
CM CERTIFICATION BOARD

Australian Institute for Non-destructive Testing

PO Box 52, Parkville, Victoria 3052
Phone: (03 9486 9267
Website: www.aindt.com.au Email: cmcertification@aindt.com.au

APPLICATION FOR CM EXAMINATION & CERTIFICATION

IN ACCORDANCE WITH ISO18436 (and related Standards)

Note: Only 1 method and 1 product sector per application form

☐ ***I would like to receive the monthly AINDT E-Newsletter***

Personal Details:	☐ ***Please use these details for correspondence***	
Please state your preferred name exactly how you would like it to appear on your ID Card and Certification		
Full Name of Applicant: (Given Names)	(Family Name)	
Title:	Date of birth:	
Personal (Home) Address:		
City:	State:	Postcode:
Country:	Personal Email:	
Home Phone No:	Mobile Phone No:	
Employment Details:	☐ ***Please use these details for correspondence***	
Company Name:	Job Title:	
Work Address:		
City:	State:	Postcode:
Country:		
Business Phone:	Work Email:	
Business Mobile No:		
Are you a current financial member of AINDT?	☐ ***Yes** *Member Number: _____ Certification Number: _____ ☐ ***No** Membership Application Submitted? ☐ **Yes** ☐ **No**	

*Note: *Non-members will automatically become associate members (non-financial) of AINDT for the remainder of this financial year.*
*Note: *Your **Certification Number** will be listed on AINDT certificates and examination results.*
*Note: *Your **Member Number** may be identical to your Certification number.*

Checklist to ensure complete application

Use the check boxes to ensure you have included all the following details:

Note: Incomplete Applications will NOT be accepted.

☐ *Photograph ☐ Payment ☐ Eye Test (Thermography Only) ☐ Signed and dated application
☐ Signed code of Ethics ☐ Training ☐ Training exam score ☐ Evidence of on-going experience (shall be verified by your referee)
☐ All applicants **must** submit a minimum of two recent (3 months) detailed inspection reports for the method concerned

Please note: Without your Training certificate and Training exam score, we cannot issue your AINDT exam results.
Please note: * *Please provide a recent identical colour, passport quality photographs of yourself with your completed application form.*
If supplying a digital image it must be High Quality JPEG.

I declare that to the best of my knowledge the information supplied is true and correct.
I authorise AINDT to contact my employer in relation to this application.

Signature of Applicant: _____ **Date:** _____

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ISO18436 – CM Method, Category, and Product Sector

Select only one box below that corresponds to the CM Method / Category and sector you wish to apply for.

Note: Only 1 method and 1 product sector per application form

		Product sector			
CM Method	Category	General	Civil	Mechanical	Electrical
Vibration Analysis (VA)	1				
Lubrication Analysis (LA)	1				
Thermography (IRT)	1				
Vibration Analysis (VA)	2				
Lubrication Analysis (LA)	2				
Thermography (IRT)	2				
Vibration Analysis (VA)	3				
Lubrication Analysis (LA)	3				
Thermography (IRT)	3				
Vibration Analysis (VA)	4				

Education, Training and Qualification

Education: **Please list all relevant education.**

Secondary School	
Year Completed	
College/ TAFE/University	
Year Completed	
Course(s) Completed	

CM Training:

Training shall be completed through an AINDT Approved Training Organisation (ATO), unless otherwise approved by AINDT.

Training may consist of lectures, demonstrations, practical skills training exercises and ATO-managed self-study activities. Any self-study component shall comply with the requirements of the applicable AINDT certification scheme.

Evidence of training completion shall be provided with the application. Candidates seeking recognition of prior or alternative training must provide evidence of equivalence for assessment by the AINDT Condition Monitoring Certification Board (CMCB).

Attach evidence of training for courses relevant to this application ONLY. (Must show training hours)

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Course Dates	Training Provider	Subject Name (Method) And Product/Industrial Sector	Category	Training Hours
			Total:	

Examination details for current Application.

Examination Date	Examining / Certifying Body	CM Method/ Category / Industry Sector	Certification#

List other CM Certifications Held

Year Completed	Examining Body	Method /Category / Industry Sector	Certification #

Please Note: *As part of the application and to confirm Practical Competence applicants are required to submit a minimum of two recent (3 months) inspection reports for review by the application committee.*

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Experience (In this CM method and sector-Provide full details)

Please include time spent on test method, types of parts, techniques, equipment used and the standards, codes and specifications involved

Applicant Name: _____

CM Method: _____ Category: _____ Industry Sector (IRT Only) _____

Work Description (Eg: Data Acquisition)	Products/parts Tested (Eg: H.P Rotor)	Method of Test Codes & Standard	Techniques/Equipment Used

Experience Summary

Date Range of Experience: From: _____ To: _____

Average Hours (*Per Week*) of experience claimed for the period _____ Total Hours Claimed _____

**Nominal Working Hours are based on 36 hours per week*

Are you applying for Trainee status : Yes ☐ / No ☐

Experience MUST be verified by your employer (if he/she has the required competence and knowledge of the method/sector sought and/or by your technical supervisor, client in the event that the applicant is self-employed, or by a person considered competent by the CMCB to validate this information.

I, the applicant declare that the above summary is true and correct for the method and sector sought.
Experience MUST be verified by your Referee.

Signature of Applicant _____ Date: _____

Name of Referee: _____

Signature of Referee: _____ Date: _____

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Statement By Referee

It is a requirement for certification that the information supplied by the applicant is verified by a referee who has knowledge of the applicant's work activities in the CM method and sector for which certification is being sought. The Board must be satisfied that the person attesting to this information is appropriately qualified to do so. The referee MUST also verify the applicant's experience by signing the experience statement.
Full Name of Applicant:
Employer:
Referee Name:
Referee Position:
Referee contact number and email:
Referee relationship: *Manager / Supervisor / Other:*
Referee CM Certification held or other relevant qualifications: Certification number (if held):

I, _____ (referee name) declare that the above experience summary is true and correct.

Signature of Referee: _____ **Date:** _____

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IRT Vision Test

Option 1 : Optometrist

This is to verify that: (Name of Applicant) _____

Meets the following criteria:

Has had their colour perception eyesight tested in accordance with the Ishihara 24 plate test and is able to differentiate colours sufficiently to perform their duties in thermography.

Note: Failure of the Ishihara plate test may require IRT personnel to use a monochrome palette and the applicant must provide this information when submitting application for Renewal of Certification.

Evidence of annual colour perception eye tests shall be verified by the employer or verifying authority (optometrist)

This certificate must be signed and stamped by the verifying authority (e.g.: Optometrist)

Name of Verifying Authority: (Please PRINT): _____

Signed by Verifying Authority: _____ Date: _____

Stamp/Seal of Verifying Authority:
Please place stamp/seal or
Other identifying mark here:

Option 2: In-house Procedures

Alternative vision test methods, no less stringent than the above, may be acceptable to the AINDT provided a formal written test procedure is submitted with the application, or currently held by AINDT.

Formal Written test procedure is attached: ☐ ***Yes*** ☐ ***No*** ☐ ***Currently held by AINDT***

Note: Subsequent to certification, visual acuity shall be tested annually. The responsibility for this rests with the certified Person and/or employer

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AINDT Complaints, Disciplinary Actions and Appeals

AINDT maintains documented procedures for the management of complaints, disciplinary matters and appeals relating to its certification schemes, certificate holders, Authorised Training Bodies (ATBs), and certification activities.
All complaints, disciplinary matters and appeals will be managed in accordance with the current AINDT Complaints & Appeals Procedure.
The current version of the AINDT Complaints & Appeals Procedure is available on the AINDT website under Public Documents.
By submitting this application, the applicant acknowledges and agrees that any complaint, disciplinary matter or appeal relating to their application, examination, certification or certification status will be managed in accordance with the current AINDT Complaints & Appeals Procedure.

Code Of Ethics

All Types of Membership or Grades and Certificate holders of the Institute shall abide by this Code of Ethics, in all matters relating to the Institute or when discharging their professional duties:

- Show responsibility for the welfare, health and safety of the community at all times, and for the laws and statutory regulations, and this responsibility shall come before their responsibility to their profession, to sectional or private interests or to other personnel.
- Act at all times to uphold the integrity and dignity of the industry.
- Accept professional obligations only for those areas of work for which they are competent.
- Accept responsibility for all work carried out by them or others under their supervision.
- Apply their skill and knowledge in the interests of their employer or client for whom they act as faithful agents or trustees.
- Provide professional advice, express opinions, or make statements in an objective and truthful manner to the best of their ability, and on the basis of adequate knowledge.
- Continue their professional development throughout their career and shall actively assist and encourage other personnel to advance their knowledge and experience.
- Not knowingly, use nor allow to be used, Institute proprietary information including logos and marks.

Any member or certificate holder, reported to the Institute for alleged improper conduct may be required to appear before a Disciplinary Committee appointed for that purpose.

Use of Certificates and Logos/Marks

Certified persons shall

- Comply with the relevant provisions of the certification scheme.
- Make claims only with respect to the scope for which certification has been granted.
- Not use the certification in such manner as to bring the AINDT or the Certification Board into disrepute and not make any statement regarding the certification which may be considered misleading or unauthorised.
- Discontinue the use of all claims to certification that contain any reference to the AINDT or the Certification Board or to certification upon suspension or withdrawal of certification and return any certificates and/or I/D cards issued by the Certification Board.
- Not use the certificate or ID card in a misleading manner.

I have read the AINDT Code of Ethics and Use of Certificates and Logos/Marks and agree to abide by this code and regulation and declare that the information supplied in this application is true and correct.

Signature of Applicant: _____ **Date:** _____

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Payment

Refer to the current schedule of fees listed on the website: **Schedule of Certification Fees**
Contact Federal Office by phone: (03) 9486 9267 or cmcertification@aindt.com.au

Use this section to calculate the fee payable	Fee
Application Fee for CM Certification	$
Expedited Processing of Certification	$
Other (Please Include details)	$
TOTAL:	$

Payment Details

Purchase order #: _____

***☐ EFT Direct Deposit
Bank: Commonwealth
BSB: 063 240
Account: 00900853

Please reference the payment: full name or certification number

Invoicing/Receipt Details

Invoice to be made to:

☐ Applicant ☐ Company ☐ Other (Please Provide Details) _____

The Application, when fully completed should be **Printed** and **Signed** where required.
This form along with supporting attachments should be forwarded to:

Email: cmcertification@aindt.com.au

Signature of Applicant: _____ :

Date: _____

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Incomplete Application will not be accepted