

Applicant's Information (申请人信息) :

Last Name(姓): _____ **First Name(名):** _____

Check sections for compliance. Incomplete application will not be processed.

检查是否符合规定。 不完整的申请将不予受理。

	Personal Information – Surname, First, and Middle initial MUST be completed 个人信息 – 姓名必须填写
	Sec. 1: Personal Information – Name must match your current government issued ID or Passport 个人姓名必须与身份证或护照相匹配
	Sec. 2: Exam Location – Site Code, Exam Date, City 考试地点-考场代码、考试日期、城市
	Sec. 3: NDT Level, Methods and Sectors 报考等级、方法和门类
	Sec. 4: Qualifying Work Experience– must be completed for each employer to meet minimum work experience requirement. All fields are mandatory. 合格工作经验-必须为每个雇主完成，以满足最低工作经验要求。所有字段都是必填字段。
	Sec. 5: Visual Acuity Form 视力检查表
	Sec. 6: Education Requirements-MUST include a copy of degree 教育要求-包含学位证或毕业证
	Sec. 7: Proof of Identity – current color copy of government passport or national ID 身份证明-护照或身份证的复印件
	Sec. 8: Copy of level 2 certificates or any certificates about the successful completion of level practical exam, only for Level 3 Candidates. 二级证书或通过二级实操考试的证明，仅针对报考三级考生
	Sec. 9: Photo Requirement 照片要求
	Sec. 10: Terms and Conditions - This section of the application must be read, checked, dated, and signed by the applicant taking the exam. 条款和条件-这部分必须阅读和检查，并由申请人签字并填写日期。

Application must be completed and signed by the person taking the exam

申请表必须由参加考试人填写并签名

1. Personal Information

个人信息

Name must match your current government issued ID or Passport

名字必须与身份证或护照相匹配

Last Name(姓)		First Name(名)	
Street Address(地址)			
City(城市)		Province(省)	
		Country(国家)	
Postal Code (邮编)		Mobile Phone(手机)	
		Email	

2. Exam Location 考试地点

Site Code (考场代码) : _____ Exam Date (考试日期) : _____

Name of Agency (机构名称) : _____

**Site code should be YY + MM + DD + City abbreviation, for example test date: February 10, 2024, Test City: Qingdao, the site code should be 24010QD. 考场代码应为 YY + MM + DD+城市缩写, 如考试日期: 2024年2月10日, 考试城市: 青岛; 则考场代码为: 240210QD*

3. NDT Level, Methods and Sectors 报考等级、方法和门类

Method (方法): UT PT MT RT
 VT PAUT TOFD

Sector (门类): C F W T

Level (等级): Level I Level II Level III

**If apply for multi methods, please fill in the following content. 如申请多个方法, 请填写如下内容。*

Method (方法): UT PT MT RT
 VT PAUT TOFD

Sector (门类): C F W T

Level (等级): Level I Level II Level III

Method (方法): UT PT MT RT
 VT PAUT TOFD

Sector (门类): C F W T

Level (等级): Level I Level II Level III

Method (方法): UT PT MT RT
 VT PAUT TOFD

Sector (门类):	<input type="checkbox"/> C	<input type="checkbox"/> F	<input type="checkbox"/> W	<input type="checkbox"/> T
Level (等级):	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II	<input type="checkbox"/> Level III	

4. Qualifying Work Experience– must be completed for each employer All fields are mandatory. 合格工作经验–必须为每个雇主完成，以满足最低工作经验要求。所有字段都是必填字段。

Company Name(公司名称)		Company Phone(公司电话)	
Company Address(公司地址)			
Supervisor’s Name (领导姓名)		Title of Immediate Supervisor (领导职位)	
Supervisor’s Email Address (领导电子邮箱)		Department (部门)	
Applicant’s Job Title(申请人职位)	Employed From(雇佣时间):	To (至) :	
Job Responsibilities- Detailed Description Required* 工作描述 - 需详细描述*			
* <i>Company Stamp(公司盖章)</i>			

* **Signature:** _____
Supervisor/Personnel Manager’s Name(领导或人事经理签字)

Date: _____
Month/Day/Year(月/日/年)

VISUAL ACUITY FORM

视力检查表

Last Name (姓氏) : _____ First Name (名字) : _____

Eye Examination 视力检查

Prior to certification, recertification or renewal, the candidate/certificate holder shall provide vision test in accordance with the requirements of clause 7.4 of ISO 9712:2021.

在认证、重新认证或更新之前, 考生/证书持有人应按照 ISO 9712:2021 7.4 的要求进行视力测试。

This form must be submitted for all IWCC ISO 9712 applications ONLY.

此表只适用于所有 IWCC ISO 9712 申请。

* This completed Visual Acuity Form must be sent to along with the application. Applicants who have not fulfilled all requirements and/or have not submitted the form, shall have test scores/application voided. 视力表必须与申请表一起发送。未符合所有要求及/或未提交申请表的申请人, 其考试成绩/申请将作废

1. Verify the customer's close vision acuity to Jaeger J1 specifications at a distance of 30cm or greater (≥30.0 cm). 30cm 以上距离上进行近视力检查。

OD (右眼)	OS (左眼)	Requirements 要求
		Requires corrected vision to read Jaegar J1 at 30cm. or greater. 30cm 以上距离上, 要求矫正视力可看清 Jaegar 1.
		No correction is required to read Jaegar J1 at 30cm. or greater. 30cm 以上距离上, 无需矫正视力可看清 Jaegar 1.
		Unable to read Jaegar J1 at 30cm. or greater even with attempt at correction. 30cm 以上距离上, 或矫正后无法看清 Jaegar 1.

2. Through a color perception examination, is the applicant colorblind? 通过色觉检查, 申请人是否为色盲?

OD (右眼)	OS (左眼)	Requirements 要求
		Customer IS NOT colorblind 不是色盲
		Customer IS colorblind. 色盲

3. Examiner's Information (print clearly) 检查人信息

Examiner Name (姓名): _____ Date of eye exam (检查时间): _____

Phone Number (电话): _____ Examiner Address (地址): _____

City(城市): _____ State(州/省): _____ Postal Code(邮编): _____ County(国家): _____

4. Examiner professional status 职业类别

Ophthalmologist(眼科医师) Optometrist(验光师) Medical Doctor(医师) Registered Nurse(注册护士) Certified Physician's Assistant(助理医师)

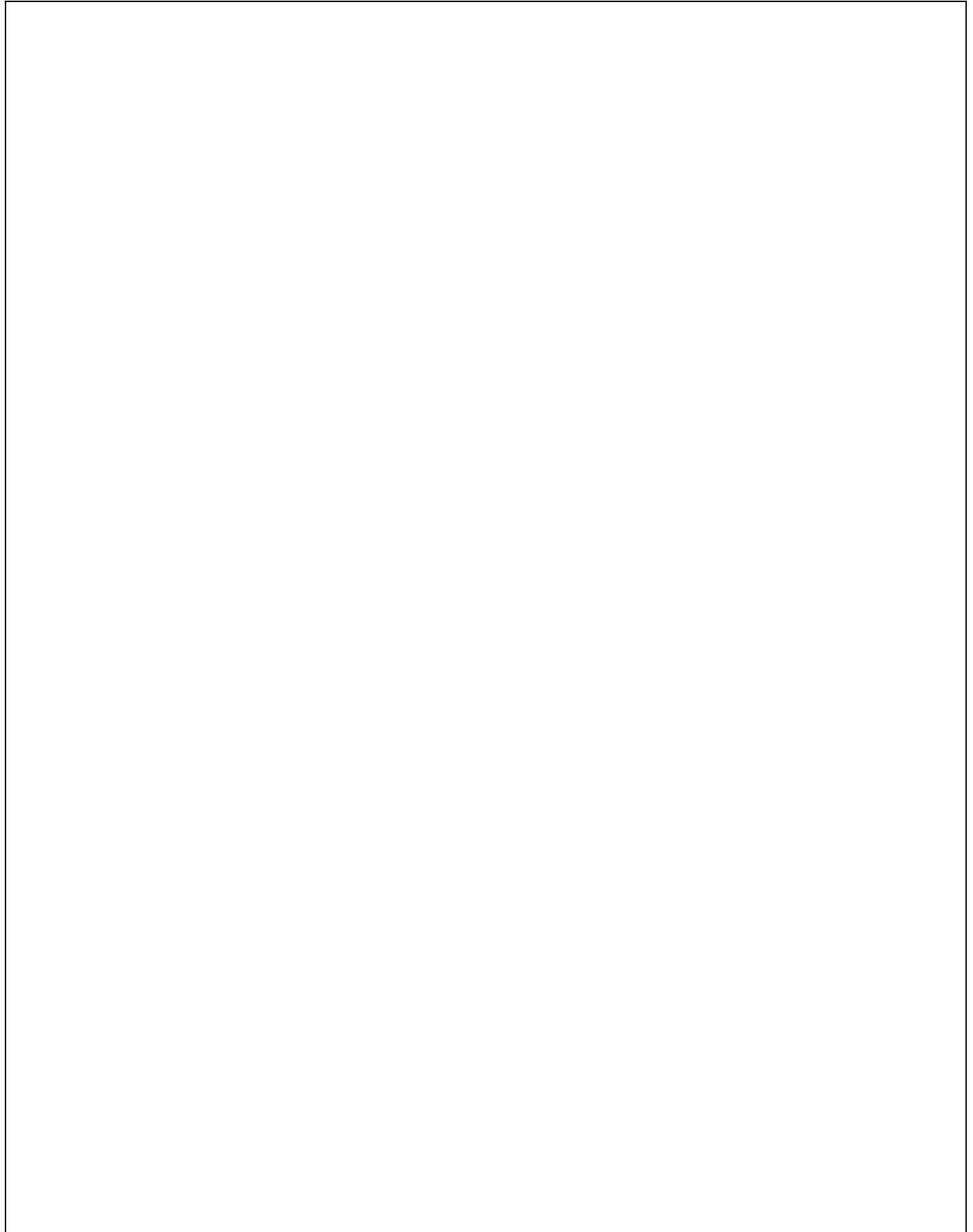
Signature(签名): _____ License number(执照号码): _____

6. Education Requirements-MUST include a copy of degree

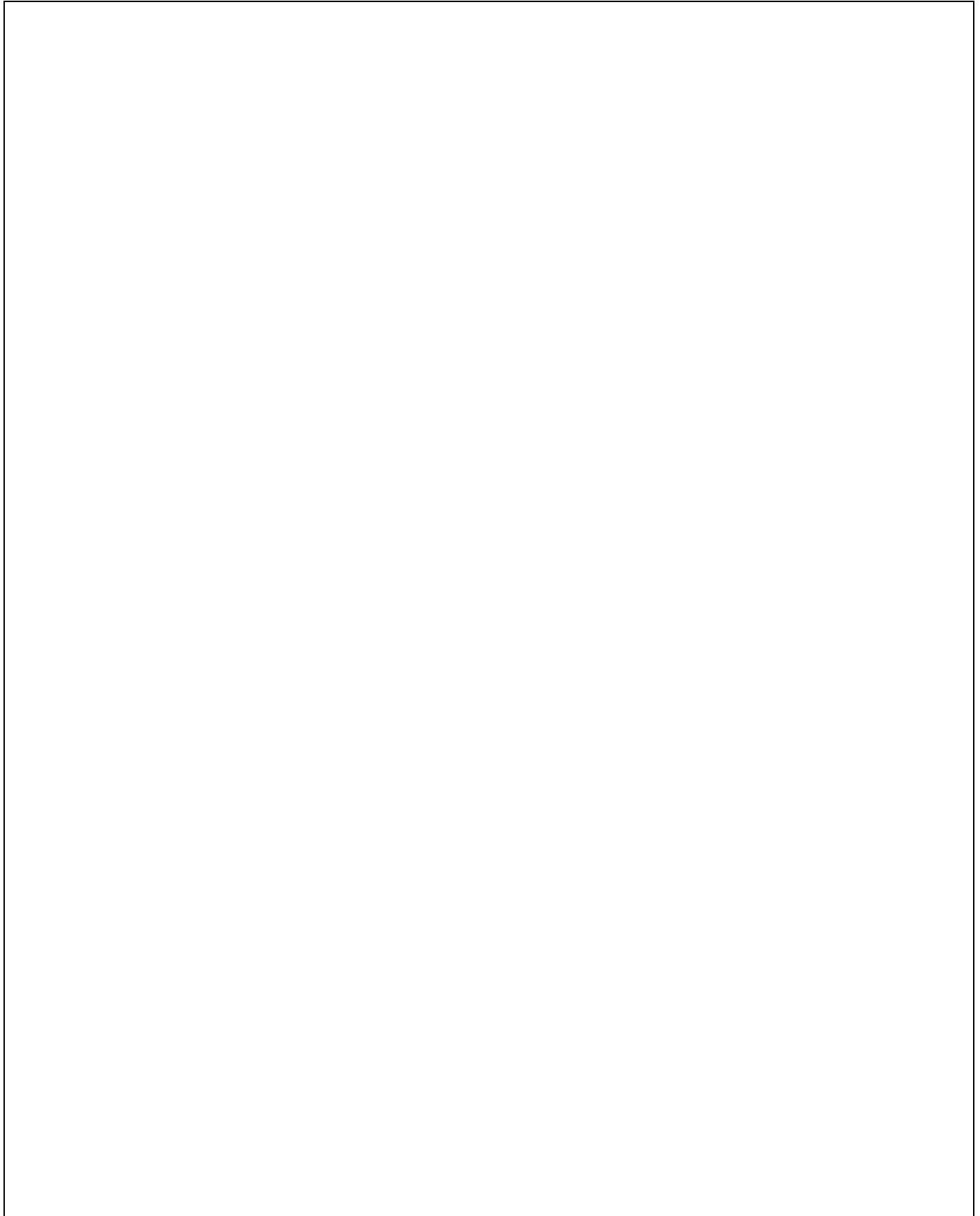
教育要求-包含学位证或毕业证

7. Proof of Identity – current color copy of government passport or national ID

身份证明-护照或身份证的复印件



8. Copy of level 2 certificates or any certificates about the successful completion of level practical exam, only for Level 3 Candidates. 二级证书或通过二级实操考试的证明，仅针对报考三级考生



9. Photo Requirement 照片要求

Applicants MUST submit one (1) identification - style color photograph. 申请人须提供一张身份证格式彩色照片。

*General and Printed Photo Requirements (照片格式要求)

- In color 彩色
- 1 inch (35 x 53 mm) in size 二寸 (35mm x 53 mm)
- Taken in front of a blue background 蓝色背景
- Taken in full-face view directly facing the camera 正视前方
- With a neutral facial expression and both eyes open 面部无表情、睁开双眼
- Do not wear glasses, a hat or head covering 不得佩戴眼镜、帽子或头巾
- File Format: The image must be in JPEG format 必须以 JPEG 格式提交

10. Terms and Conditions - This section of the application must be read, checked, dated, and signed by the applicant taking the exam.

条款和条件-这部分必须阅读和检查，并由申请人签字并填写日期。

I agree to comply with the existing requirements and any subsequent requirements that may be instituted by IWCC. I have read and agree to the terms and conditions set forth in the IWCC Policies. I certify that the information I have included on this application is true. I understand that any false statements will nullify this application. I give IWCC permission to verify this information. I agree to comply with the provisions set forth in the Standard concerning the administration of my examination and certification. Upon obtaining my certification, I give IWCC the right to reveal my certification status as it relates to my validity and expiration date. I further understand that any required information that is incomplete or missing will cancel this registration.

我同意遵守 IWCC 可能制定的现有要求和任何后续要求。我已阅读并同意 IWCC 政策中规定的条款和条件。本人证明本人在本申请表中提供的信息是真实的。我理解任何虚假陈述都将使本申请无效。我允许 IWCC 验证此信息。本人同意遵守标准中关于本人考试和认证管理的规定。在获得我的认证后，我授予 IWCC 披露我的认证状态的权利，因为这与我的有效期和到期日期有关。本人进一步了解，任何不完整或缺失的必要信息将取消本次注册。

EXAMINATION POLICIES AND RULES

Furthermore, I certify that I have not obtained any exam materials, have no prior knowledge of the IWCC exam questions or answers, and have not and will not accept any solicitation for the IWCC exam questions or answers from anyone at any time before, during, or after the exam as stated on the Candidate Attestation Agreement. I understand that a violation of this oath may be grounds for invalidation of my certification and may be grounds for expulsion from any future testing.

此外，我证明，我没有获得任何考试材料，对 IWCC 考试问题或答案没有任何先验知识，并且在考试之前、期间或之后的任何时间，我没有也不会接受候选人认证协议中规定的任何人对 IWCC 考试问题或答案的任何索取。我理解，违反本誓言可能是我的认证无效的理由，也可能是我被开除出任何未来测试的理由。

I understand and accept the above terms.

我理解并接受上述条款。

Applicant's Signature: _____
申请人签字

Date: _____
日期

If there are any special needs, please contact with: +86 18655221433
如有任何特殊需要，请联系+86 18655221433