



Application for X-Ray Fluorescence Operator (XRF) Certification, Renewal and Recertification

Please Note: Applications must include a notarized or certified true copy of one (1) valid piece of Canadian Government recognized document to support the Photograph and Identification (ID) Verification Form. The document must have your Photo and Signature. The applicants' full legal name in the same order must be on the application form. An example of valid and acceptable proof of ID: passport, driver's license, Military identification, Certificate of Indian Status, Provincial or territorial health care card that includes your photo and signature (excluding Alberta, Manitoba and Newfoundland and Labrador). Documents not in the one of the official languages of choice i.e. English or French must be translated. The onus is on the applicant to provide a completed application form in clear dark print, with valid supporting documentation.

Mr. Mrs. Ms.

Language: English Français

For NRCan Use Only

NAME: _____
SURNAME GIVEN NAMES

Name: _____

ADDRESS: _____

Registration Number: _____

CITY PROVINCE POSTAL CODE

Received Date: _____

TELEPHONE: _____ DATE OF BIRTH: yyyy mm dd

Approved By: _____

By signing this application, the candidate authorizes NRCan to disclose the candidates name, certification status, expiry date, city and province. Example: Web Listing of NDT Certified Personnel

Approval Date: _____

CANDIDATE'S SIGNATURE

The signature **MUST NOT** exceed the inner limits of the signature box



_____/_____/_____
DATE (yyyy/mm/dd)

- Attached:
- Verification and two photos
 - Copy of 1 gov't issued ID
 - Training declaration
 - Eye exam report
 - Code of conduct
 - NRCan Application fee
 - NRCan Examination fee

Employer: _____
(Please print)

Address: _____
_____/_____/_____/_____
City Province Postal Code Telephone

Application for: Initial certification Level 1 Level 2 Rewrite Renewal Recertification

Fees Payable to	Initial certification		Renewal	Recertification
	NRCan (for 5 Years)	NRCan (for 1 Year)	NRCan	NRCan
Application	<input type="checkbox"/> \$125	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
Exam Level 1	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 50		<input type="checkbox"/> \$ 50
Total Level 1	\$175	\$100		\$150
Exam Level 2	<input type="checkbox"/> \$ 30	<input type="checkbox"/> \$ 30		<input type="checkbox"/> \$ 30
Total Level 2	\$205	\$130		\$180
If applicable: Renewal late fee \$50				
Exam rewrites			<input type="checkbox"/> \$50 (Level 1) <input type="checkbox"/> \$30 (Level 2)	

*Please note that there may be an Examination Centre Fee payable directly to the examination centre proctoring the examination.

TYPE OF PAYMENT: Cheque Money Order (Cheques & money orders are payable to the Receiver General for Canada)
Credit Card: Personal Company MasterCard Visa AMEX

Cardholder's Name _____ Amount: \$ _____
Card Number _____ Expiry Date: _____

With your application you are required to submit the following forms:

- Signed photo verification form + 2 passport photos (2 in x 2 3/4 in)
- Signed training declaration (for initial certification and recertification)
- Signed eye exam report
- Signed code of conduct
- Renewals only – Signed continued satisfactory work activity form

For Identity Verification

- Copy of one (1) government issued identification document

Submit this application to:
(Please allow (2) weeks for processing. Processing times only start once we have a complete and accurate application and do not include postal delivery time.)

NRCan CanmetMATERIALS
National NDT Certification Body
183 Longwood Road South
Hamilton, Ontario L8P 0A5

Telephone: 1-866-858-0473
Fax: 905-645-0836
Website: <http://ndt.nrcan.gc.ca>
Email: ndt@nrcan.gc.ca



XRF Training Declaration

I attest that _____ has successfully completed on this
_____ day of _____, _____ the following accepted training sessions:

_____ hours (minimum 3 hours) of classroom training in the theory of the XRF method and radiation safety in accordance with the NRCan Training Curriculum for XRF Operators as published in the Examination Preparation Booklet.

_____ hours (minimum 1 hours) demonstration and practice in using XRF analyzer(s) to make accurate measurements

_____ hours (minimum 1 hours) demonstration and practice in radiation safety including the safe set up, handling, operating, maintenance and storage of XRF analyzers.

Instructor Name: _____

(Please print)

The Instructor /Signee must be certified XRF Level 2 by NRCan

Signature: _____

Date: _____

XRF Manufacture: _____

Instructor's NRCan Registration number: _____

Telephone: _____

Trainee's Signature: _____

Date: _____



NRCAN XRF EYE EXAMINATION REPORT - FOR XRF PERSONNEL ONLY

Please note: this XRF eye report is not valid for NDT-CGSB application. A valid NDT-CGSB full eye report is required for NDT-CGSB application and may also be used for XRF application.

Two vision assessments are required: Near Vision and Colour Vision. This form must be completed and returned to the NDTCB when applying for initial certification, renewal of certification or recertification.

CANDIDATE'S NAME: _____ REGISTRATION NUMBER: _____

Near Vision – can be completed by the employer, a certified level 2 XRF personnel, or a medically recognized personnel (ophthalmologist, optometrist, physician, nurse, etc.)

Near vision acuity: shall permit reading Times Roman N4.5 (Jaeger number 2) or equivalent letters at not less than 30 cm with one or both eyes, either corrected or uncorrected.

I CONFIRM THAT THE CANDIDATE:

(Please check *one*)

- Meets the requirement without correction
- Meets the requirement with correction
- Does not meet the requirement

Examiner's Name (Please Print/Type) _____

Examiner's Signature _____

Title _____

Date of Eye Examination (yyyy/mm/dd) _____

Colour Vision: shall be sufficient that the candidate can distinguish contrast between the colours utilized in the operation of the XRF equipment

- can be completed by the employer, a certified level 2 XRF personnel, or a medically recognized personnel (ophthalmologist, optometrist, physician, nurse, etc.)

NOTE: A candidate who passes an Ishihara test (short or long) is acceptable.

I CONFIRM THAT THE CANDIDATE CAN DISTINGUISH CONTRAST BETWEEN THE COLOURS USED IN THE NDT METHOD(S) CONCERNED AS SPECIFIED BY THE EMPLOYER (OR PASSED AN ISHIHARA TEST).

Examiner's Name (Please Print/Type) _____

Examiner's Signature _____

Title _____

Date of Eye Examination (yyyy/mm/dd) _____

NOTE: PROVINCIAL HEALTH CARE PROGRAMS MAY NOT COVER THE COST FOR AN EYE EXAMINATION



CODE OF CONDUCT FOR NDT-XRF TESTING PERSONNEL

Individuals who are certified or individuals who are in process of being certified by NRCan must recognize that personal integrity and professional competence are the fundamental principles on which their testing activities are founded. Accordingly, it is a condition of NRCan certification that these individuals shall:

1. Comply with the relevant provisions of the applicable NRCan certification scheme(s);
2. Comply with the regulations, codes and standards under which they are working;
3. Immediately report to NRCan any perceived violation(s) of this Code-of-Conduct or any attempt to pressure or force a certified individual to violate this Code-of-Conduct;
4. Verify the information on their certificates and/or wallet card. If the information is incorrect, it is their responsibility to inform NRCan as soon as possible so that a new, corrected certificate and/or wallet card can be issued;
5. Not attempt to cheat on NRCan examinations, attempt to bribe or threaten NRCan invigilators or examiners, falsify documents, falsely claim, misrepresent or permit misrepresentation or misuse of their own or their associate's academic or professional qualifications, knowledge, training, experience, work responsibilities or certifications;
6. Discontinue all claims to certification upon expiry, suspension or withdrawal of certification, and upon request return to NRCan any certificates and/or wallet cards issued by NRCan;
7. Inform their employer in the event that their certification has expired, was suspended or withdrawn;

NOTE: To protect certified individuals, employers, regulators and the public, NRCan maintains a publicly available listing of all currently certified testing personnel.

8. Only sign documents for which they have personal professional knowledge and/or direct supervisory control;
9. Undertake only those testing activities for which they are competent by virtue of their training, experience, qualification and certification;
10. When required, engage or advise the engagement of specialists to enable testing activities to be properly completed;
11. Indicate to the employer or client any adverse consequences which may result from an overruling of their technical judgment by a non-technical authority;
12. Perform their testing activities with proper regard for the environment and the safety, health and well-being of the public;
13. Consistent with the provisions of this Code-of-Conduct and the well-being of the public, respect the confidentiality of information provided by an employer, colleague or member of the public;
14. Conduct themselves in a responsible manner and utilize fair and equitable business practices in dealing with employers, colleagues, clients and associates; this includes disclosing any potential conflicts of interests;
15. Maintain their proficiency by updating their technical knowledge in their certified methods, levels and sectors;
16. Refrain from performing unethical acts that would discredit the NRCan certification schemes or bring NRCan into disrepute, and refrain from making statements that NRCan could consider as misleading or unauthorized;

Failure to comply with this Code-of-Conduct shall be dealt with under arrangements for handling complaints/appeals and may necessitate corrective measures such as the termination of the certification process, the suspension or withdrawal of certification, publication of the violation, notification of the employer(s), union(s) and appropriate regulatory authorities and, if appropriate, additional legal action.

I agree to abide by this Code-of-Conduct.

If I violate this Code-of-Conduct:

- **I accept the right of NRCan to suspend or withdraw any and all certifications granted to me by NRCan and/or terminate the certification process.**
- **I accept the right of NRCan to notify my employer(s), union(s) and appropriate regulatory authorities and to publish the details of the violation.**

Name (Please Print)

Signature

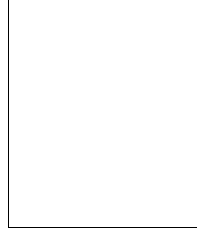
_____/_____/_____
Date (yyyy/mm/dd)



XRF PHOTOGRAPH AND IDENTIFICATION VERIFICATION FORM

Photograph Verification:

Dimensions of the two passport photographs: 2 in x 2 3/4 in



Candidate's name: _____ Reg # (If applicable): _____

Signature: _____ Date ____/____/____(yyyy/mm/dd)

Address: _____

City

Province

Postal code

Phone: _____ Fax: _____

2nd PARTY VERIFICATION

I verify that the attached two photographs are those of the individual whose name appears on this form.

Name: _____ (please print)

Title / Responsibility: _____ (please print)

Signature: _____ Date ____/____/____(yyyy/mm/dd)

Identity Verification:

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You can ask one of the following people to attest to your photograph and certify the photocopies of your identification (by having the person print his/her name, sign and date the photocopy):

NRCan certified personnel; Accountant; Chief of First Nation Band; Employee of Natural Resources Canada acting in an official capacity; Funeral Director; Justice of the Peace; Lawyer, Notary, Magistrate; Manager of Financial Institution; Medical and Health Practitioners: Chiropractor, Dentist, Doctor, Ophthalmologist, Optometrist, Pharmacist, Psychologist, Nurse Practitioners, Registered Nurse; Member of Parliament or their staff; Member of Provincial Legislature or their staff; Minister of Religion; Municipal Clerk; Official of a federal or provincial government department, or one of its agencies; Official of an Embassy, Consulate or high Commission, Official of a country with which Canada has a reciprocal social security agreement; Police Officer; Postmaster; Professional Engineer; Social Worker; Teacher.

Please submit two passport photographs and a photocopy of ONE (1) government issued ID with this form to:

NRCan CanmetMATERIALS
National NDT Certification Body
183 Longwood Road South
Hamilton, ON L8P 0A5

Tel.: 1-866-858-0473
Fax: 905-645-0836
Website: <http://ndt.nrcan.gc.ca>
Email: ndt@nrcan.gc.ca