



PO Box 8056
New Plymouth

64 06 759 4360
cbip-admin@clear.net.nz
www.cbip.org.nz

CERTIFICATION BOARD FOR INSPECTION PERSONNEL

APPLICATION FOR RE-CERTIFICATION - INSPECTOR

FULL NAME OF APPLICANT: Dr / Mr / Mrs / Ms / Other

.....
(Surname) (Christian Name)

ADDRESS FOR CORRESPONDENCE:

.....
.....

HOME PHONE: CELLPHONE:

HOME EMAIL:

EMPLOYMENT DETAILS:

COMPANY NAME:

WORK ADDRESS:
.....

POSITION:

WORK PHONE: WORK FAX:

WORK EMAIL:

WEBSITE

APPLICATION DETAILS

DETAILS OF CERTIFICATE APPLIED FOR:

INSPECTION DISCIPLINE

LEVEL / CLASS / MODULE
ENDORSEMENT / CODE

REGISTRATION NUMBER

PREFERRED EXAMINATION LOCATION: Auckland / Hamilton New Plymouth
Christchurch / Blenheim

Signature of Applicant: Date.....

I declare that to the best of my knowledge that the information supplied is true and correct

*Please use a
SEPARATE
application form
for each
re-sit / remark*



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APPLICATION FEES

Please refer to latest schedule of fees

PAYMENT DETAILS: Cheque Credit Card
Purchase Order Internet Banking

Amount Remitted: NZD \$

CREDIT CARD DETAILS: Visa Mastercard

Card No: _ _ _ _ _ _ _ _ _ _

Expiry Date: Cardholder's Signature

INTERNET BANKING – please contact Business Manger for account details

Cbip-admin@clear.net.nz

Please charge my company / employer

PURCHASE ORDER (please attach)

I acknowledge that until full payment is received, this application is "pending"

CHECKLIST

Please ensure that all items listed below are included

Incomplete applications will not be processed

- Payment of renewal fees
- Evidence of continued experience in this Discipline: verified by your supervisor/referee
- Copies of FIVE reports (*with confidential details removed*) that are your own work that you wish to use as support for your application
- Signed Code of Ethics
- 2 current passport photos (please SIGN and date the back of photo and place in an envelope – do not attach with staples or paper clips)
- Vision Test Certificate
- Statement by Referee



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Vision Test Certificate - Certification

This is to verify that:
(Name of Applicant)

Meets the following criteria:

Near vision to permit the reading of minimum of Jaeger Number 1 or equivalent type and size letters (e.g. N4.5 size words on a Times Roman reading card) at a distance of not less than 300mm in one or both eyes, either uncorrected or corrected.

This certificate must be signed and stamped by the verifying authority (eg Optometrist)

Note 1: Visual acuity may be verified by your employer provided the employer has a procedure for visual acuity testing registered with the Certification Board.

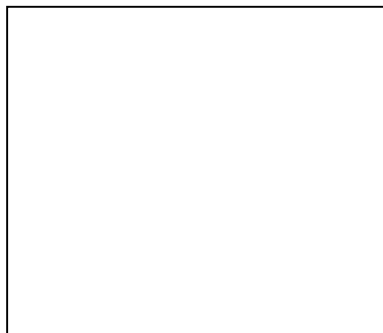
Note 2: There is no requirement for re-assessment of colour vision.

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:



DO YOU SUFFER FROM ANY PHOBIA, AILMENT OR DISABILITY THAT MAY PREVENT YOU FROM CARRYING OUT YOUR DUTIES IN THE CHOSEN DISCIPLINE?

If yes, please provide details
.....



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CODE OF ETHICS

PURPOSE

To safeguard the public's health and well being and to maintain high standards of skills, practices and integrity in the profession of inspection and non destructive testing. The following requirements shall be binding on any person holding a current certificate of proficiency issued by CBIP.

INTEGRITY

CBIP Certified persons are obliged to act with integrity in the pursuance of their occupation for each client, customer or employer and shall be honest and impartial.

RESPONSIBILITY TO THE PUBLIC

CBIP Certified persons shall in the pursuance of their occupational duties:

- (i) Undertake and perform inspections only when qualified by training, capability and experience.
- (ii) Be objective and factual in any verbal, written report, statement or testimony of any work performed.
- (iii) Sign only for work carried out by them or for work that they have personal knowledge of through direct technical control or verified the authenticity of the work signed for.
- (iv) Neither associate with, nor knowingly participate in a fraudulent or dishonest venture.

SOLICITATION AND INDUCEMENTS

CBIP Certified person shall not in the pursuance of their employment:

- (i) Pay, offer or accept, directly or indirectly, any bribe or commission for professional employment except for the commission required by licensed employment agencies.
- (ii) Falsify, exaggerate or permit misrepresentation of their academic and professional qualifications.

Should not function as an independent consultant in technical matters outside the capability of their CBIP certification.

Perform and carry out inspections in a proper manner as required by contract, customer order, code of practice, standard or specification unless any deviation is noted in any written report, statement or testimony of the work performed.

PUBLIC STATEMENTS

CBIP Certified persons shall issue no statements, criticisms or arguments on inspection or non-destructive testing matters connected with public policy without declaring any interest, but should also respect the confidentiality of their employment contract.

CBIP Certified persons shall not publicly issue or express any opinion on inspection or non-destructive testing matters unless it is founded upon sound information of the facts in issue, upon a background of technical competence in the subject matter and upon honest conviction of the accuracy and propriety of the statements, criticism or argument.



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CONFLICT OF INTEREST

CBIP Certified persons shall:

- (i) Conscientiously avoid conflict of interest with the employer or client, but when unavoidable shall forthwith disclose the circumstances to the employer or client.
- (ii) Promptly inform the employer or client of any business associations interests or circumstances which could influence their judgement or the quality of services to the employer or client.
- (iii) Not accept payment, compensation, financial or otherwise from more than one party for services on the same project or from services pertaining to the same project unless the circumstances are fully disclosed and agreed to, by all interested parties or their agents.

UNAUTHORISED PRACTICE

Any violation of this code shall be deemed to be an unauthorised practice and upon proper complaint, investigation and findings of the complaints committee, subject to appeal by the CBIP Board, sanctions may be applied to the individual(s) in violation.

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 certifications has been granted
- Not use the certification in such manner as to bring CBIP 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 CBIP or the Certification Board or to certification upon suspension or withdrawal of certification, and return any certificates an/or ID cards issued by the Certification Board
- Not use the certificate or ID card in a misleading manner

I have read the CBIP Code of Ethics and Use of Certificates and Logos/Marks and agree to abide by this code and regulation.

I agree that my application details may be stored by CBIP and that my contact and certification details may be published by CBIP.

Signature of Applicant: Date:



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STATEMENT BY REFEREE - CERTIFICATION

It is a requirement for renewal that the information supplied by the applicant is verified by a referee who has knowledge of the applicant's work activities in the discipline for which renewal is being sought.
The Board must be satisfied that the person(s) attesting to the ongoing experience of the applicant are appropriately qualified to do so. The referee **MUST** also verify the applicant's experience by signing the experience statement.

REFEREE DETAILS

NAME:

EMPLOYER:

POSITION:

SOURCES OF INFORMATION ABOUT THE APPLICANT:

.....

.....

**DECLARATION OF PROFESSIONAL OR EMPLOYMENT RELATIONSHIP
BETWEEN REFEREE AND APPLICANT:**

I, (*print name of referee*) hereby
declare that I have knowledge of the applicant's work activities and I am
suitably qualified to attest to the experience of
..... (*print name of applicant*) in the
discipline as detailed in the attached Statement of Experience, and covered
by this Application for Renewal.

Signature of Applicant: Date

**THIS IS NOT AN ALTERNATIVE TO THE STATEMENT OF EXPERIENCE
THE STATEMENT OF EXPERIENCE MUST BE COMPLETED BY THE APPLICANT
AND SIGNED OFF BY THE REFEREE**



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EDUCATION

		<i>year</i>
Secondary School		
College/Technical Institute/University		
Courses completed		

TRAINING

*Training must be relevant to the discipline applied for
Certified copies of certificates should be included*

Course Date	Training Organisation	Type (course name/content)	Level (if applicable)

Qualification

*Please list all qualifications held and attach evidence of completion of qualification
Include related examinations and/or prerequisites for this course*

Please tick the box marked ✓ if qualification is relevant to discipline applied for

Examining/Certifying Body	Qualification	✓	Level	Year Completed

Details of experience are to be recorded on page 9



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REPORTS

You are required to submit FIVE (5) sample reports of your own inspections in this discipline. Confidential details should be removed. These must include representative coverage of all aspects of the discipline and must cover the period under review in a reasonably fair way. Candidates should check the relevant SOP and or Bulletins.

You may submit reports at a later date (e.g. trainee). Please note that certification **will not be awarded until these are provided**. Please tick if reports are will be sent at a later date.

NOTE: All reports shall be a true and accurate record of the inspections performed, applicable to the equipment and discipline for which renewal is requested.

Summarise reports here and attach to application:

REPORT NUMBER & DATE	SUMMARY

I verify that these reports are my own work and are released with the approval of my employer/customer

Signed:



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DETAILS OF EXPERIENCE IN THIS DISCIPLINE

Refer to relevant CBIP Statement of Proficiency for details of what is required to demonstrate experience

NAME: REGISTRATION NUMBER

Technique/ Equipment used as applicable	Products Inspected (types, makes, etc)	How many have you inspected?	In what region of NZ?	Type and extent of inspection (annual, operational, new construction/ installation etc)	Dates From/to

Signature of: Applicant

Date:

Referee:

Date: (to verify reports as listed above)