



XRF TRAINING DECLARATION FORM

Applicants for X-Ray Fluorescence (XRF) Analyzer Operator initial certification and recertification must provide this form as documentary evidence of satisfactory completion of an XRF training course from an XRF Accepted Training Organization and/or an NRCAN NDTCB certified Level 2 XRF personnel. Please submit the signed and completed form to the Natural Resources Canada (NRCAN) National Non-Destructive Testing Certification Body (NDTCB) with the "8.2.1-014 Application Form XRF Analyzer Operator Certification, Renewal and Recertification" and all additional requisites.

Candidate's Name: _____ / _____
Surname (Last Name) Given Names

Date of training completion: ____ / ____ / ____
YYYY MM DD

Record of required training hours:		
1. Classroom training in XRF method theory and radiation safety in accordance with the NRCAN NDTCB training curriculum for XRF analyzer operators as published in the XRF Certification Information and Examination Preparation Booklet.	Training Location: _____	Number of Hours: _____ Instructor Initials: _____ Minimum of 3 hours required.
2. Demonstration and practice in using portable XRF analyzer(s) to make accurate measurements.	Training Location: _____	Number of Hours: _____ Instructor Initials: _____ Minimum of 1 hour required.
3. Demonstration and practice in radiation safety including the safe set up, handling, operating, maintenance and storage of XRF analyzers.	Training Location: _____	Number of Hours: _____ Instructor Initials: _____ Minimum of 1 hour required.

Attestations and Signatures:

I, the instructor, attest that the above mentioned candidate has successfully completed the accepted training sessions as stated above:

Please note: Instructors must be active NRCAN NDTCB certified XRF Level 2 personnel.

Instructor's Name: _____ / _____
Surname (Last Name) Given Names

Instructor's Signature: _____ Date: ____ / ____ / ____
YYYY MM DD

Instructor's NRCAN NDTCB Registration #: _____

Instructor's Telephone: _____ Instructor's Email: _____

XRF Accepted Training Organization: _____

Trainee/Candidate's Signature: _____ Date: ____ / ____ / ____
YYYY MM DD

Please submit the completed form and additional requisites to:

NRCAN National Non-Destructive Testing Certification Body
CanmetMATERIALS, Natural Resources Canada
183 Longwood Road South
Hamilton, Ontario, Canada, L8P 0A5