



APPLICATION FOR SGNDT EXAMINATION (EN ISO 9712)

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

Personal Details (Principal Representative):		<input type="checkbox"/> Please use this address for correspondence
Full Name of Applicant: (Given Names)		(Family Name)
Date Of Birth	Title:	
Personal (Home) Address:		
City:	State:	Postcode:
Country:	Personal Email:	
Home Phone No:	Mobile Phone No:	
Employment Details:		<input type="checkbox"/> Please use this address for correspondence
Company Name:	Job Title:	
Work Address:		
City:	State:	Postcode:
Country:	Business Fax:	
Business Phone:	Business Email:	
Business Mobile No:		

Checklist to ensure complete application

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

Note: Incomplete Applications will NOT be accepted.

- Payment Training(Provide evidence of NDTSS / AINDT recognized training)
- Read the current version of NDTSS Requirements for Certification and Qualification which is available on website

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

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

OFFICE USE ONLY

Personal Details entered: Invoice #: Initials: Received:

Date Invoice: / / Payment:



EN ISO9712 - NDT Method, Level, and Industry Sector

NDT Method, Level and Sector applied for:

Designator:

Refer to the NDTSS Requirements to certification for Level, Method and Sectors available. www.ndtss.org

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Examinations				
Exam Status:	<input type="checkbox"/> Initial	<input type="checkbox"/> Re-Certification	<input type="checkbox"/> Re-Sit	
Level 1 & 2	<input type="checkbox"/> General	<input type="checkbox"/> Specific	<input type="checkbox"/> Practical	<input type="checkbox"/> Partial Practical (<input type="checkbox"/> WI / <input type="checkbox"/> Sample)
Level 3	<input type="checkbox"/> L3 Basic	<input type="checkbox"/> L3 Main Method		

Nominate your preferred Examination Location
(NDTSS Centre provides only UT, MT, PT, VT Examination, AQB 1 Provides all Examination, AEC Provide only Practical Examination)

NDTSS Centre AQB 1 AEC 1 AEC 2 AEC 3

Preferred Examination Date:

Note: NDTSS would not guarantee the preferred Examination Location, It is subject to application approval and availability.

Candidates will be advised of date, time and other details a minimum of 4 weeks before the session commences

Approved Training:

Total hours of training must meet the requirements of the applicable specification or in-house document. (Training requirements are set out in NDTSS "Scheme Manual for NDT Certification" available on www.ndtss.org.sg). List here the approved training you have completed in this NDT Method and Industry Sector covered in this application.

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

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



Fees

Refer to the current schedule of fees, available from the Society web site – www.ndtss.org.sg – or by contacting the Office by phone (65) 62570327 or membership@ndtss.org.sg

Use this section to calculate the fee payable	Fee
L1/L2 General Examination	\$
L1/L2 Specific Examination	\$
L1/L2 Practical Examination	\$
L3 Basic Examination	\$
L3 Main Method Examination	\$
Full RE-SIT - Practical Examination <input type="checkbox"/> Partial RE-SIT -Practical Examination <input type="checkbox"/>	\$
RE-SIT General Examination <input type="checkbox"/> RE-SIT Specific Examination <input type="checkbox"/>	\$
TOTAL:	\$

Payment Details

Purchase order #: _____

I enclose my cheque made payable to NDTSS No. / Bank: _____

Payment method:

Bank Transfer details _____

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:

Signature of Applicant: _____ Date: _____

ADMINISTRATION USE ONLY

Verified?
Initials: