

**APPLICATION FOR SGNDDT EXAMINATION**
(ISO 9712:2021 or GENERAL EXAMS)

Note: one application form per method or sector, Application should be submitted at least 2 weeks prior to exam.

Personal Details (Principal Representative):☐ 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:☐ 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) / other recognized training)☐ Read the current version of NDTSS Requirements for Certification and Qualification which is available on website☐ Attached Signed code of ethics ☐ Precertification Experience ☐ Eye fitness Certificate

Do you have any special needs and health conditions YES / NO

If YES (State here) _____

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.

I will abide by the NDTSS code of ethics published by the website at all times & I understand the penalties in case of violation of code of ethics.

Signature of Applicant: _____

Date: _____

OFFICE USE ONLYPersonal Details entered: Invoice #: Initials: Received: Date Invoice: / / Payment:

**EN ISO9712 - NDT Method, Level, and Industry Sector or EN4179/NAS 410-Gen****NDT Method and Sector applied for:**

Designator:	<input type="checkbox"/> ET <input type="checkbox"/> MT <input type="checkbox"/> PT <input type="checkbox"/> UT <input type="checkbox"/> RT <input type="checkbox"/> VT <input type="checkbox"/> TBT <input type="checkbox"/> UTC <input type="checkbox"/> PAUT <input type="checkbox"/> TOFD <input type="checkbox"/> TT
Sector:	<input type="checkbox"/> Product- Weld <input type="checkbox"/> Product-Forging / Wrought Product <input type="checkbox"/> Product-Casting <input type="checkbox"/> Industrial – Pre & Inservice Inspection including metal manufacturing <input type="checkbox"/> Industrial -Aerospace <input type="checkbox"/> Industrial- Railway Maintenance <input type="checkbox"/> Product- Civil <input type="checkbox"/> Product- Mechanical <input type="checkbox"/> Product- Electrical (TT ONLY)
Configuration / Scope (specify) example plate, nozzle, fluorescent, visible, portable, fixed	

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

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

Examinations**Exam Status:**

- ☐ Initial ☐ Retest ☐ Renewal ☐ Recertification ☐ Scope Extension (New sector, New scope)
☐ Level 1 ☐ Level 2
☐ General ☐ Specific ☐ Practical ☐ Partial Practical (☐ Instruction/ ☐ Sample)
 Level 3
☐ L3 Basic ☐ L3 Method -General (Part D) ☐ L3 Method -Specific (Part E) ☐ L3 Method -Procedure(Part F)

Select your preferred Examination Location

(NDTSS Centre only provides theoretical examination, AQB provides all Exam, AEC provides facility for practical exam)

- ☐ NDTSS Centre ☐ AQB ANSA ☐ AQB SETSCO ☐ AEC -SIT ☐ AEC ITE West
☐ OVERSEAS _____ (Pl. Specify)

Preferred Examination Date:

Note: Please contact AQB or AEC directly for choosing the examination date.

Candidates will be advised of date, time and other details a minimum of 1 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 certification@ndtss.org.sg. Get details from your Exam center

Use this section to calculate the fee payable to your Exam Center	Fee
L1/L2 General Examination (Refer Center & fill)	\$
L1/L2 Specific Examination (Refer Center & fill)	\$
L1/L2 Practical Examination (Only at AQB/AEC)	\$
L3 Basic Examination (Refer Center & fill)	\$
L3 Main Method Examination (Part D, Part E, Part F as applicable) -	\$
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"/> RE-SIT Part F	\$
NDTSS Certification Fee per method/per sector – 150\$	\$
TOTAL:	\$

Payment Details

Purchase order #: _____

☐ I enclose my cheque No: _____

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 BY NDTSS /AQB ONLY

Exemption Granted (if any): _____

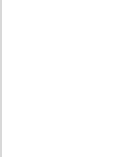
Special Condition (If any): _____

Additional time for examination

Granted : 25% - YES / NO / NA

Application: Acceptable / Not Acceptable

Eye fitness: Acceptable / Not Acceptable

Signatory: 

Experience: Acceptable / Not Acceptable

Training Record: Acceptable / Not Acceptable

Approved for Exam -NDTSS / AQB Name: _____

Date: _____