



APPLICATION FOR SGNDT EXAMINATION (ISO 9712:2021 EXAMS)

Note: one application form per method or sector, unless all methods are identical sectors, 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 / Other 9712 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.

By signing this application form, I agree that NDTSS may collect, use, and disclose my personal data, as provided in this application form, or obtained by NDTSS as a result of your Certification with NDTSS, for the following purposes in accordance with the Personal Data Protection Act 2012 and our data protection policy (available at our website www.ndtss.org.sg

(a) the processing of this certification application; and

(b) the administration of the certification with our organisation.

Please visit our website at www.ndtss.org.sg for further details on our data protection policy, including how you may access and correct your personal data or withdraw consent to the collection, use or disclosure of your personal data.

Signature of Applicant: _____

Date: _____



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

Section 1: 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 (* Non Accredited)
Sector:	<input type="checkbox"/> Product- w <input type="checkbox"/> Product-f <input type="checkbox"/> Product-wp <input type="checkbox"/> Product-c <input type="checkbox"/> Product-t <input type="checkbox"/> Product-frp <input type="checkbox"/> Industrial – Pre & Inservice Inspection including metal manufacturing. <input type="checkbox"/> Industrial -Aerospace <input type="checkbox"/> Industrial- Railway Maintenance <input type="checkbox"/> Industrial -Manufacturing <input type="checkbox"/> Industrial- Civil <input type="checkbox"/> Industrial- Mechanical <input type="checkbox"/> Industrial- Electrical (TT ONLY)
Configuration / Scope (specify), <i>If no scope is indicated, Examiner will choose standard specimen requirements to the sector chosen.</i>	RT Scope: Gamma <input type="checkbox"/> X-ray <input type="checkbox"/> F (Film) <input type="checkbox"/> D (Digital) <input type="checkbox"/> FD <input type="checkbox"/> CT <input type="checkbox"/> S (Radioscopy) <input type="checkbox"/> Interpretation /Safety : FI <input type="checkbox"/> DI <input type="checkbox"/> FDI <input type="checkbox"/> Light <input type="checkbox"/> Dense <input type="checkbox"/> BRS <input type="checkbox"/> ARS-2 <input type="checkbox"/> ARS-3 <input type="checkbox"/> UT Scope for Weld: Plate <input type="checkbox"/> Pipe <input type="checkbox"/> T joint <input type="checkbox"/> Nozzle (Include T) <input type="checkbox"/> Node <input type="checkbox"/> Lam <input type="checkbox"/> TT <input type="checkbox"/> MT Scope: Portable <input type="checkbox"/> Fixed <input type="checkbox"/> Visible <input type="checkbox"/> Fluorescent <input type="checkbox"/> Flux Leakage <input type="checkbox"/> PT Scope: Portable <input type="checkbox"/> Line System <input type="checkbox"/> Visible <input type="checkbox"/> Fluorescent <input type="checkbox"/> VT Scope: Direct <input type="checkbox"/> Remote <input type="checkbox"/> TT Scope: Passive <input type="checkbox"/> Active <input type="checkbox"/>

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, unless all methods are identical sectors

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)

Previous Certification Record (For Renewal, Recertification & Conversion from other Certification bodies)

Certification Body	Method / Sector	Level	Certificate Number	Validity

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
 AEC-ANSA CHENNAI AEC- ANSA BATAM AEC – SATYAKIRAN DELHI
 OVERSEAS REMOTE _____ (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.



Section 2: Approved Training (Initial Application only):

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:	

Section 3: Reduction for Training Hours Request (if any):

This section must be filled for any reduction of training is claimed (50% reduction is provided for Level 1 or Level 2 if E.g Bachelor of Science or Engineering degree or Diploma in Engineering or SNT-TC-1A holders)

Method	Certificate Details (Institute etc.)	Date of Certification

Section 4: Examination Exemption

Method	Part of Exam (Gen, Specific, Practical, Part A, Part C, Part D, Full Basic, Interpretation, Safety, etc.)	Certification body & Validity of Certification (Only ICNDT MRA/EFNDT MRA & Other NDTSS recognized Certificate as quoted below)

NDTSS recognizes ASNT /ACCP/ASNT ISO 9712 NDT Level 3 for Part D Exemption

NDTSS recognizes Accredited ISO 9712 Level 2 or ISO 9712 Level 3 Certificates from EA bodies or Certificates processed at NDTSS Approved exam centers from other equivalent IAF Accredited bodies (E.g. ANSI, NABET, EGAC etc.)



Section 5: Fees

Fees

Refer to the current schedule of fees, at **your exam center for all applications directly to AQB or AEC.**

The below table fees are for any retest or renewal /recertification exam administered at NDTSS Exam center, Refer to 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) \$400/ paper at NDTSS	\$
L1/L2 Specific Examination (Refer Center & fill) \$400/paper at NDTSS	\$
L1/L2 Practical Examination (Only at AQB/AEC)	\$
L3 Basic Examination (Refer Center & fill) \$200 per section of Basic	\$
L3 Main Method Examination (Part D, Part E, Part F as applicable) - \$400/part	\$
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\$	\$
PED certification Fee per method / per sector – \$500/method if processed at NDTSS	\$
TOTAL:	\$

Payment Details

Company

Purchase order #: _____

I enclose my cheque No: _____

Payment method: Bank Transfer details _____

Cash / Credit card (Refer to AQB website for payment by Credit card)

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 the Exam Center

I have submitted all the required documents in order and I confirm the information provided are true and I understand if any documents proven forged, I would be barred from any NDTSS examinations for 2 years for violating code of ethics

Signature of Applicant: _____

Date: _____



Section 6: APPLICATION APPROVAL BY AQB / NDTSS ONLY

Payment Completed (Yes / No / NA)		
Examination Exemption Details		
Practical Exemption Granted (State Reason) YES / NO / NA		
Method General / Part D (State Reason) YES / NO / NA		
Method Specific / Part E (State Reason) YES / NO / NA		
Practical – Instruction writing / Part F Procedure Granted (State Reason) YES / NO / NA		
Basic Part A, Part C Granted (ASNT / ISO Level 3 Cert Holder)		Yes / No / NA
Basic Part B Granted (Current SGNDT Cert Holder)		Yes / No / NA
TRAINING RECORD VERIFICATION		
50 % REDUCTION APPLIED		YES / NO
METHOD / LEVEL	DAYS/HOUR REQUIRED	DAY / HOUR GAINED (EVIDENCE DETAILS)

ACCEPTANCE OF APPLICATION	
Application form	Acceptable / Not Acceptable
Eye Fitness Form	Near vision: J1 – YES / NO Color Vision Normal – YES / NO Acceptable / Not Acceptable
Experience form (Pre or Post)	Acceptable / Not Acceptable
Training Record	Acceptable / Not Acceptable
<i>Special Condition (if any) Additional Time for Examination</i>	
APPROVED FOR EXAM – NDTSS / AQB	NAME: SIGNATURE: DATE