



## NON –DESTRUCTIVE TESTING SOCIETY (SINGAPORE)

### SGNDT CERTIFICATION SCHEME

#### **Application for Renewal (Level 1, 2, 3)**

This form is to be used by candidates for renewal for any NDT method and industry or product sector.

All candidates for ENISO9712:2012 qualification are required to fulfill the conditions for eligibility specified in the current edition of Manual and the scheme documents.

Eligibility is defined in terms of visual acuity and colour perception, training, and experience. Attention is drawn to opportunities of mature candidates who may satisfy special eligibility criteria. Candidates will be required to supply verifiable evidence of satisfying all special eligibility criteria and the following forms and documents may be used in recording and providing such information in an acceptable format.

Record of pre-certification experience  
Eye Fitness Form

Initial enquiries for examination may be made to our head office by telephone or email. However, no examination appointment may be considered confirmed until a correct completed application form and supporting information has been received. Applications shall be legibly completed.

Once completed, this application form and supporting information shall be submitted to us together with relevant payment information or examination fees. One application form is to be submitted in respect of each examination applied for. Candidates will need to provide four passport size photographs on the day of examination.

Applications depend upon the individual holding (or having held) appropriate certification must be supported by acceptable evidence of such certification. If a photocopy is attached to this application as evidence, the candidate will be required to show the original on the day of examination.



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### INFORMATION TO BE PROVIDED BY CANDIDATE (complete parts 1 to 8 inclusive)

If uncertain of the requirements, consult AQB before proceeding. This application form asks for specific details on experience and training and must be signed to the effect that these details are correct. In the event of a false statement being discovered, any certification as a result of the examination will be null and void. Please complete all of the following parts.

#### PART 1. CANDIDATE'S PERSONAL DETAILS

Family Name:	Given Name(s):
Date of Birth: (dd/mm/yyyy)	Telephone Number:
Permanent Address, including postcode:	<i>Address, including postcode, to which the certificate, When issued, is to be sent.</i>
	Email ID:

#### PART 2. CURRENT EMPLOYMENT DETAILS

Name & address of the Employer (including fax number, telephone and post code)	From	To	Designation	Nature of Work

#### PART 3. POST CERTIFICATION EXPERIENCE

Claimed duration of experience in applying the NDT method under qualified supervision (enter number of months or weeks):

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Name, address and telephone number or email address of person who can verify experience claimed:

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### PART 4. CONTINUOUS TRAINING- POST CERTIFICATION

**On-the-job Training Records** (add additional sheets when required)

Training Provider	Title/reference of Relevant training courses	Dates of courses (from/to)	Lecturer/Trainer/ Instructor

### PART 5. METHOD FOR RENEWAL CERTIFICATION

**NDT Method and Sector applied for:**

METHOD	ET	MT	PT	UT	RT	VT	UT-PA	UT-TOFD	OTHER
LEVEL									
SECTOR									
Scope									
Remarks:									

Sector designation:	w-Weld, f-Forging,, wp- Wrought Product, c-Casting , t-tubular 1. Industrial – Pre & Inservice Inspection including metal manufacturing 2. Industrial -Aerospace 3. Industrial- Railway Maintenance
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](http://www.ndtss.org)

*Note: The form could be used for multiple method(s)*



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### PART 6. PAYMENT (complete applicable sections only)

Name and address for invoice (if different from candidate's), including telephone/tax number:	
Preferred method of payment (cheque, DD, cash)	
Details of cheque/D.D ( no., bank, drawable branch)	
Name of senior responsible official of the organization paying examination fees (not the candidate-unless self employed)	
Signature of above named individual	

### PART 7. CANDIDATE'S STATEMENT CONFIRMING ELIGIBILITY FOR CERTIFICATION

**CANDIDATE'S FULL NAME (in block letters):** \_\_\_\_\_

I have read and understand EN ISO 9712 General requirements for the certification of personnel engaged in NDT, particularly the criteria for eligibility, and hereby confirm that I satisfy those criteria covering vision, training and experience applicable to the level and NDT method for which I am seeking certification. In the event that I should be awarded EN ISO 9712 certification, I agree to comply with the Code of Ethics.

I understand that, in the event of a false statement being discovered, any certification awarded as a result of the examination will be null and void. I accept responsibility for payment of examination fees in the event of non-payment by the sponsor.

I understand that NDTSS will hold and use personal data supplied by me for administration purposes. The data may also be used to send separate unsolicited mailings\* containing details of events, new services, products etc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* You have the right to ask NDTSS AQB/ Exam Centre not to send such mailings. If you do not wish to receive this information from NDTSS, please tick this box [  ].

Attach:

- vision test certificate (Form NDTSS- /Eye-Fitness).
- Evidence of experience (experience certificates from employers)
- evidence of on-the-job training if any.
- correct examination fee.

Bring:

- two passport photographs



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### PART 8. VERIFICATION OF CANDIDATE’S STATEMENT BY THE SPONSOR, EMPLOYER, IF THE CANDIDATE IS SELF-EMPLOYED, A REFEREE.

To the best of my belief, the candidate’s statement given above is correct at the time of signing.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company Seal:



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### PART9. FOR AQB USE

#### Additional Training Record

Name of training organization	Title/reference of Relevant training courses	Dates of courses (from/to)	Lecturer/Trainer/ Instructor
		Hours:	
		Hours:	

#### Examination Approval (Chief Examiner- AQB/EXAM CENTRE)

Criteria for Verification	Result	Remark
Application form	Comply / Not Complied	
Experience	Comply / Not Complied	
Vision Requirement	Comply / Not Complied	

APPROVED FOR RENEWAL: YES / NO

EXAMINATION DATE (If applicable): \_\_\_\_\_ EXAMINER: \_\_\_\_\_ (Name)

SIGNATURE: \_\_\_\_\_ FILE REFERENCE: \_\_\_\_\_