



APPLICATION FOR EXAMINATION

(EN4179 / NAS 410) – For Submission through Outside Agency

Note: Candidate applying directly to NDTSS for General Exam as a prerequisite, please use form NDTSS-OP-FM-004

Personal Details (Candidate):☐ 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 / NANTTB Authorized training) / other recognized training)

☐ Read the current version of NDTSS /NANTTB 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 / OA USE ONLY**

Personal Details entered:

Invoice #:

Initials:

Received:

Date Invoice:

/ /

Payment:

**EN4179/NAS 410 - NDT Method, Level, and Examination Type & Paper****NDT Method, Level and Sector applied for Qualification:**

| | | | |
|-----------|---|--|-------------------------------|
| Standard: | <input type="checkbox"/> EN 4179:2017 | <input type="checkbox"/> NAS 410 REV 4 | <input type="checkbox"/> Both |
| Method: | <input type="checkbox"/> RT <input type="checkbox"/> UT <input type="checkbox"/> MT <input type="checkbox"/> PT <input type="checkbox"/> ET | | |
| Level : | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | |

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

Note: Circle as applicable for the methods, level and type of exam per application form

Examinations

Exam Type:

☐ Initial ☐ Supplementary ☐ Re-Certification ☐ Re-Sit

Paper:

| | | |
|---|--|--|
| <input type="checkbox"/> Level 1 Specific | <input type="checkbox"/> Level 1 Practical | <input type="checkbox"/> Partial Practical |
| <input type="checkbox"/> Level 2 Specific | <input type="checkbox"/> Level 2 Practical | <input type="checkbox"/> Partial Practical (<input type="checkbox"/> Written Instruction / <input type="checkbox"/> Stand alone) |
| <input type="checkbox"/> Level 3 Specific | <input type="checkbox"/> Procedure Writing | |

Centre for Exam: ☐ OA 1 ☐ OA 2 ☐ OA 3 ☐ IALocation of Exam: ☐ OA Facility ☐ Employer Facility _____ (State Location for Employer Facility)

Preferred Examination Date for Specific / Practical Exam: _____

This section is required to fill only for Initial Exam, Exams organized at NDTSS Center

Initial Exam Required: YES / NO (Circle as applicable)

If No State Reason:

☐ CAAS Paper ☐ ASNT NDT Level 3 ☐ ISO 9712 Level 3 ☐ Recognized ANDTBF Certificate

Exam Type (Tick as applicable)

☐ Method General ☐ Basic A ☐ Basic B ☐ Basic C ☐ Other

Preferred Examination Date for Method General / Basic: _____

Note: NDTSS runs the exam every Wednesday, 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. Urgent exams will be organized subject to availability of examiner in the centers. For All application please contact the center directly as listed in NDTSS website under NDTSS/NANDTB Outside Agency



List here the approved training you have completed in this NDT Method and Industry Sector covered in this application.

[illegible]

Candidates Could record here for seeking exemption on recognizing any overseas training (Subject to NDTSS/NANDTB Approval)
Additional Review charges would apply S\$ 150/- per method review to be paid to the OA center. The fee doesn't include any OA administrative Fees



Fees & Employer Attestation

Refer to the current schedule of fees, available from the Society web site – www.ndtss.org.sg – Clarification on General / Basic exam could be obtained by contacting Secretariat at certification@ndtss.org.sg

| Use this section to calculate the fee payable | Fee |
|---|-----|
| L1/L2 General Examination (Initial / Retest)- S\$ 200/- | \$ |
| L1/L2 / L3 Specific Examination (Refer OA Fees) | \$ |
| L1/L2 Practical Examination (Refer OA Fees) | \$ |
| L3 Procedure Writing Exam (Refer OA Fees) | \$ |
| L3 Basic Examination (Initial / Retest) – S\$ 200/ Per Paper | \$ |
| L3 Main Method Examination (Initial / Retest) – S\$ 200/- | \$ |
| Full RE-SIT – Practical Examination <input type="checkbox"/> Partial RE-SIT -Practical Examination <input type="checkbox"/> | \$ |
| RE-SIT Procedure Examination (Refer OA Fees) | \$ |
| RE- SIT Specific Examination (Refer OA Fees) | \$ |
| NDTSS & SAC Certification Fee S\$ 150 / Method /Standard | \$ |
| 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 Outside Agency / NDTSS (IA applicants) as applicable:

Signature of Applicant: _____

Date: _____

Declaration by Employer for the Scope of Examination

The above applicant information is verified by Responsible level 3 and the Qualification examination shall be administered

with reference to employer written practice No. _____ in compliance with

EN\$179:2017 / NAS 410 Rev 4 (Strike if not applicable). Standard / Specification: _____

Practical Product / Component Type: _____

Equipment Type : _____

Name : _____

Telephone: _____

Signature of Responsible Level 3: _____ Date: _____



OA & NDTSS ADMINISTRATION

Administration Details & Check List:

(Completed by Outside Agency only)

Outside Agency Name:

Examiner:

Result Notification Number:

Training Record Attached : YES / NO / NA

Photo Attached : YES / NO / NA

(One Photograph are required for initial, supplementary and Recertificaiton examinaiton)

Code of Ethics Attached: YES / NO

Date of Exam Administerd:

Date of Result Transmitted:

ADMINISTRATION USE ONLY (Verified by NDTSS)

Application Receipt Date (E Copy):

Application Original Received Date with Result Notification:

Application Acceptable:

Yes / NO

Special Condition (If any):

Additional time for examination Granted : 25% - YES / NO / NA

NDTSS Authorized Reviewer:

Verified?

Initials: