



APPLICATION FOR SGNDT EXAMINATION (ISO 9712:2021 or GENERAL 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 / 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.

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

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- Weld <input type="checkbox"/> Product-Forging / Wrought Product <input type="checkbox"/> Product-Casting <input type="checkbox"/> Product-Tube <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), <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"/> RTFI Scope: Light Metal <input type="checkbox"/> Dense Metal <input type="checkbox"/> DR <input type="checkbox"/> CR <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"/> MT Scope: Portable <input type="checkbox"/> Fixed <input type="checkbox"/> Visible <input type="checkbox"/> Fluorescent <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"/>

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

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 (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:	

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\$	\$
PED certification Fee per method / per sector – 350\$ Processed by AQB	\$
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: _____

ADMINISTRATION USE BY NDTSS / AQB 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 Exemption Details	
50 % Training Hours Granted (State Reasons)	YES / NO

ACCEPTANCE OF APPLICATION	
Application form	Acceptable / Not Acceptable
Eye Fitness Form	Acceptable / Not Acceptable
Experience form (Pre or Post)	Acceptable / Not Acceptable
Training Record	Acceptable / Not Acceptable
Special Condition (if any) Additional Time for Examination	
	NAME:
	SIGNATURE:
APPROVED FOR EXAM – NDTSS / AQB	DATE