



## **ANSA WENS QUALITY ASSURANCE (S) PTE LTD** **(An AQB of RTC Testing & Diagnostics)**

### **Application for Level 1/2 - Initial /Retest Examination**

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

All candidates for ENISO9712:2012 examination are required to fulfill the conditions for eligibility specified in Clause 6 of the current edition of Manual for AQB- RTC SCHEME (WS-AQB-MAN-001).

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.

WS-QS-FM-006 Record of pre-certification experience

WS-QS-FM-002 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 two 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.



**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**

Name (First Name)	
Family / Surname	
Date of Birth (dd/mm/yyyy)	
Permanent Address: <i>Address, including postcode, to which certificate, when issued, is to be sent.</i>	

**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. PRE-CERTIFICATION EXPERIENCE (Use form WS-QS-FM-006)**

Experience in months under qualified supervision	
Name of the supervisor	
Email and Phone number for Verification	

**PART 4. PRE-CERTIFICATION TRAINING**

**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. EXAMINATION METHOD**

Method	RT	MT	PT	UT	VT	ET
Level (1 or 2)						
Sector Applied:						
Initial / Retest / 10 Year Recertification						
If Retest (General / Specific / Practical)						
Technique /Scope (If required)	X / G	P / B	V / F	UTT/UTL/ PAUT/ TOFD	D / ID	Conventional / Array
Preferred Examination Date						
<p>Note 1 (Abbreviation for Techniques): X – Xray, G – Gamma ray, P – Portable, B- Bench Unit, V – Visible, F – Fluorescent, UTT – Thickness Gauging, UTL – Lamination, PAUT – Phased Array, TOFD – Time of flight, For conventional UT on welds specify- Plate, Pipe, Nozzle &amp; T, Node, For VT specify D – Direct, ID – Indirect ( Borescope)</p> <p>Note 2 (Abbreviation for Sectors); w-weld, c- casting, f- forging, t-tubes, 2- Pre &amp; Inservice Inspection including manufacturing.</p>						

**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, cash, credit card & Bank Transfer)	
Details of cheque ( 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 EXAMINATION**

**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. If 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 AWQASPL-AQB 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 ANSA WENS Quality Assurance (S) Pte Ltd not to send such mailings. If you do not wish to receive this information from ANSA WENS, please tick this box [  ].

- Attach: a) vision test certificate (AWQASPL Form - / Eye-Fitness).
- b) Evidence of experience (experience certificates from employers)
- c) evidence of on-the-job training if any.
- d) correct examination fee.

Bring: e) two passport photographs

**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:





**PART9. FOR AQB USE**

**Classroom Training Record (TS Head / ATE Head)**

TS Head /ATE Head shall provide evidence of satisfactory completion of EN ISO 9712 training course or provide the following details for classroom training.

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

**Examination Approval (Chief Examiner)**

Criteria for Verification	Comply	Not Complied	Remarks
Application form			
Experience			
Vision Requirement			
Training Requirement			

Approved for Examination (Yes / No)	
Examination Date	
Examiner Name	
AQB Authorized Signatory	
File Reference	