



ANSA WENS QUALITY ASSURANCE (S) PTE LTD Qualification Services Division (An AQB of RTC)

Application for Level 3- 10-year Recertification by Points or by Exam

This form is to be used by candidates for Level 3 recertification examination for any NDT method and industry or product sector.

All candidates for ENISO9712:2012 qualification is 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-007 Record of post-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 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.



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 (Use for WS-QS-FM-007)

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

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



PART 4. METHOD FOR RECERTIFICATION

Method	RT	UT	MT	PT	VT	ET	
Sector	Pre & Inservice	Pre & Inservice	Pre & Inservice	Pre & Inservice	Pre & Inservice	Pre & Inservice	Pre & Inservice
	Manufacturing	Manufacturing	Manufacturing	Manufacturing	Manufacturing	Manufacturing	Manufacturing
	Welds	Welds	Welds	Welds	Welds	Welds	Welds
	Castings	Castings	Castings	Castings	Castings	Castings	Tubes
	Forgings	Forgings	Forgings	Forgings	Forgings	Forgings	

Note: X Cross relevant method and sector combination

Application for Recertification by Exam / Points *(strike as not applicable)*

If Recertification by Exam (Specific knowledge on method and sector selected will be examined by 20MCQ)

Preferred Center & Exam Date

Method	Center	Date
RT		
UT		
MT		
PT		
ET		
VT		

If Level 2 competency to be maintained a practical exam shall be appeared by Exam

Preferred Center & Exam Date

Method	Center	Date
RT		
UT		
MT		
PT		
ET		
VT		

Center:

Singapore, Batam, Chennai, Delhi, Dubai, Hong Kong



Claimed Structured Credit Summary Table

S/No	Activity	No of claimed Activity	Points per Activity	Max points per year/5 years	Total Points in 5-year period	Acceptable points by Reviewer	Remarks By AQB/ CB
1	Membership of an NDT society, attendance at seminars, symposia, conferences and/or courses covering NDT and related sciences and technologies		1	3 / 8			
2.1	Attendance at national and international standardization committees		1	3 / 8			
2.2	Convenorship of standardization committees		1	3 / 8			
3.1	Attendance at sessions of other NDT committees		1	3 / 8			
3.2	Convenorship of sessions of other NDT committees		1	3 / 8			
4.1	Attendance at sessions of NDT related working groups		1	5 / 15			
4.2	Convenorship of NDT related working groups		1	5 / 15			
5.1	NDT related technical/scientific contributions or publications		3	6 / 20			
5.2	NDT related research work published		3	6 / 15			
5.3	NDT research activity		3	6 / 15			
6	NDT technical instructor (per 2 h) and/or NDT examiner (per examination)		1	10 / 30			
7.1	Professional activity within a NDT facility, NDT training centre or NDT examination facility or for Engineering of NDT (see Annex E of 9712:2012) (for each full year)		10	10 / 40			
7.2	Professional Activity Dealing with disputes referring to clients		1	5 / 15			
7.3	Professional Activity Development of NDT applications		1	5 / 15			

Shaded Areas: Office use only



Note

- A Maximum points for items 1 to 4: 20.
- b Points to be given for both convenorship and attendance.
- c If there is more than one author, the lead author shall define points for the other authors.
- d Maximum points for each of items 5 and 6: 30, and 7: 50.
- E For item 7, authorization from employer is required to share the evidences

Evidence

- 1. All evidences shall be ordered according to S/NO

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 SUBMISSION OF EVIDENCES

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 ANSAWQASPL-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 ANSAWENS Quality Assurance (S) Pte Ltd / Exam Centre 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 (Form ANSA WENS- /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:	

Approval & Recommendation by AQB (Chief Examiner)

Criteria for Verification	Result	Remark
Application form	Comply / Not Complied	
Experience	Comply / Not Complied	
Vision Requirement	Comply / Not Complied	
Evidence for Structured Credits	Comply / Not Complied / Not Applicable	

APPROVED FOR RECERTIFICATION EXAMINATION (If Applicable): YES / NO

RECOMMENDED FOR RECERTIFICATION BY POINTS: YES / NO

EXAMINATION DATE (If applicable): _____ EXAMINER: _____ (Name)

SIGNATURE: _____ FILE REFERENCE: _____



Check List for Application

Questionnaire	YES	NO
Have you completed all pages of application		
Have you signed and dated application form in Section 7		
Have your supervisor signed the application form in Section 8		
Have you submitted your supervisor ASNT Level 3 / ISO 9712 Level 2 or 3 / PCN Level 2 or 3 / CSWIP Level 2 or 3 / AINDT Level 2 or 3		
Have you submitted the copy of notification endorsed by employer (Check your notification reverse page for boxes of endorsement)		
Have you submitted your post certification experience record		
Have you submitted any training record (post certification – only if applicable)		
For Level 3 record of summary of Points, Have you filled it (Including Evidences)		
Have you submitted eye fitness certificate no later than 6 months from application date?		
Have you submitted your application in period of within 1 month to 6 month prior to expiry date (if your certificate of first method expires on 12/2020 you can submit your application from 6/2020 – 11/2020)		
Have you submitted 2 recent photographs?		
Have you prepared your certification fees (Per method)?. Fee doesn't include exam fee- Approach the center for details US\$: 350 (Payment from all international applicants) S\$: 450 (Payment locally in Singapore Centre only) AED: 1,275 (Payment in Dubai Centre only, rate exclusive of tax, if any) INR: 25,000 (Payment in India Centre only, rate exclusive of tax, if any) Mode of Payment: Local Cheque, Bank Transfer, Cash paid at counter (Bank charge if any, all to be borne by remitter/applicant)		

The fee includes of one-time communication to candidate to resubmit the shortfall of evidences (if any). No refund will be provided if the application is rejected second time.