



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

Application for Level 3 Examination – Initial / Retest

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 ISO 9712 examination are required to fulfill the conditions for eligibility specified in Clause 6 of the current edition of Manual for AQB- RTC SCHEME (WS-AQBMAN-001).

Eligibility is defined in terms of visual acuity and color 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 three 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 APPLIED

METHOD	LEVEL	MARK (X)	PRACTICAL	LEVEL	MARK (X)	SECTOR	PREFERRED DATE OF EXAM
BASIC	NA		NA	NA	NA	NA	
RT	3 /		RT	2			
UT	3		UT	2			
UT - PAUT	3		UT - PAUT	2			
UT - TOFD	3		UT - TOFD	2			
MT	3		MT	2			
PT	3		PT	2			
VT	3		VT	2			
ET	3		ET	2			

w – weld, c- Casting, f- forging, t- tubes, 2- Pre- & In-service Testing includes Manufacturing

PART 6. EXAMINATION EXEMPTION CLAIMED:

EXAMINATION PART	CURRENT CERTIFICATE	CERTIFICATE NO.	EXPIRY DATE
BASIC PART A, C	ASNT / ACCP/		
METHOD PART D			
LEVEL 2 PRACTICAL			

PART 7. PAYMENT (complete applicable sections only)

Type of Exam	Qty
Full Basic	
Part B Basic	
Method Part D	
Method Part E	
Method Part F	
Practical – UT/RT / ET	
Practical – MT/PT/VT	

Name and address for invoice (if different from candidate's), including telephone/tax number:

Preferred method of payment (cheque, Bank transfer, cash)	
Details of cheque/ Bank (no., bank, drawable branch)	
Amount Calculated from the List	SGD
Name of senior responsible official of the organization paying examination fees (not the candidate-unless self employed)	
Signature of above named individual	



PART 8. CANDIDATE’S STATEMENT CONFIRMING ELIGIBILITY FOR EXAMINATION

CANDIDATE’S FULL NAME (in block letters):

I have read and understand ISO 9712:2012 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 ISO 9712:2012 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 WQAPL-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 (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

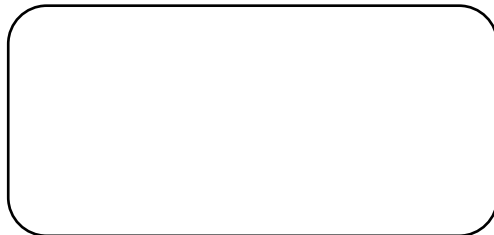
PART 9. VERIFICATION OF CANDIDATE’S STATEMENT BY THE SPONSOR, EMPLOYER, IF THE CANDIDATE IS SELF-EMPLOYED, A REFEREE.

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:





PART10. FOR AQB USE

Classroom Training Record (TS Head/ATO Head)

TS Head shall provide evidence of satisfactory completion of 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

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

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