



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

Application for Renewal– 5 Year or MRA Recertification from Other Certification Bodies

This form is to be used by candidates for 5-year renewal by application or recertification from other ICNDT MRA certification bodies accredited to ISO/IEC 17024 (under IAF MRA) for any NDT method (s) and Level (s) and industry or product sector as applicable.

All candidates for EN ISO9712:2012 qualification 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-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

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. TRAINING

On-the-job Training Records / Post Certification Training Record (add additional sheets when required)

Training Provider	Title/reference of Relevant training courses	Dates of courses (from/to)	Lecturer/Trainer/ Instructor



PART 5. DETAILS OF RENEWAL / RECERT (Other CB's)

Method	RT	MT	PT	UT	VT	ET
Level (1 or 2 or 3)						
Sector Applied:						
5 Year Renewal / Recertification from Other CB						
Technique /Scope (Applicable for Level 2)	X / G	P / B	V / F	UTT/UTL/ PAUT/ TOFD	D / ID	Conventional / Array
Previous Certificate Number						
Date of Validity						
Certification Body (E.g., RTC / BINDT)						
Accreditation Body (E.g., UKAS)						
<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 & 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 & 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, Bank Transfer, cash)	
Details of cheque/Bank Details (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. 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.
 - e) Previous Certificate copy, result notification, training certificate copy (Only for Non RTC)
- Bring: f) 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 / ATO Head) – Only for Recert Application

TS Head /ATO 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:	

Application for Renewal / MRA Recertification Approval

Criteria for Verification	Comply	Not Complied	Remarks
Application form			
Post Certification Experience			
Vision Requirement			
Training Requirement			
Previous Certification records			

Approved for Renewal / MRA Recertification (Yes / No)	
Expiry Date (For Recertification only)	
Application Reviewer, Examiner Name	
AQB Authorized Signatory	
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)		
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)? S\$: 450 (Payment locally in Singapore Centre only) US\$: 350 (Payment from all other countries) AED: 1,300 (Payment in Dubai Centre only, rate exclusive of tax, if any) INR: 25,00 (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)		