



# INTERNATIONAL ACADEMY OF NDT

## APPLICATION FOR INITIAL EXAMINATION

This form is to be completed by candidates for initial examination in any designated NDT method and industry or product sector.

**INFORMATION TO BE PROVIDED BY CANDIDATE** (complete parts 1 to 10 inclusive)

### PART 1. CANDIDATE'S PERSONAL DETAILS

Family name:	
Given names:	
Date of Birth	
Certificate holder number (if known):	
Candidate's usual residence, including postal code (this address will be printed on the certificate):	
Address, including postal code, to which the certificate, when issued, is to be sent.	
By ticking (✓) this box I authorize the issuing agency to send the certificate to the above address:	<input type="checkbox"/>
Telephone number:	
E-mail address:	
Passport or other Identity proof details:	
It may be possible to make provision in qualification examinations for disabled candidates. If you are disabled please bring this fact to the attention of the examining body.	

### PART 2. CURRENT EMPLOYMENT DETAILS

Employer's name and address (including postal code):	
Employer's Telephone:	
Employer's e-mail:	
Candidate's position in the organisation:	
Employment status (employed or self-employed):	
Details of the sponsor (if any):	



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### PART 3. PRE-CERTIFICATION EXPERIENCE

Experience is not an essential pre-requisite for examination. However, if such evidence is available at the time of examination, it shall be provided direct to the CB.

Experience satisfying the requirements detailed in the certification manual CM may be gained following examination

Claimed duration of experience in applying the NDT method under qualified supervision (enter number of working months applying the NDT method under qualified supervision):	
Name, address and telephone number or email address of person who can verify the duration of experience claimed:	

### PART 4. PRE-CERTIFICATION TRAINING

Attach evidence of satisfactory completion of an approved training course or provide the following details for classroom training;

Name and address of training organisation and title/reference of relevant training course:	
Dates of course (from/to):	

### PART 5. EXAMINATION APPLIED FOR (check exam availability with the AEC)

Products or industry sector in which certification is sought (castings, welds, forgings/wrought products, pre & in-service inspection):															
NDT method (tick (✓) only ONE NDT method):	RT	VT	UT	MT	PT	BRS	ET	RI	PAUT	TOFD	WI	TFM-FMC	DATA INTERPRETATION		
													AUT	PAUT	TOFD
Level (tick one box). N.B.RI is level 2	1		2		3		If level 3, which exam part(s):			Basic			Main method		
Preferred examination date and venue:															

### PART 6 RECORD OF PRE-CERTIFICATION EMPLOYMENT

Employing organization	Date from/to	Telephone number or e-mail address



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**PART 7 RECORD OF PRE-CERTIFICATION EXPERIENCE**

NDT Method	NDT Technique	Details of application, procedure, code or standard	Experience gained		Signature, name and contact e-mail or telephone number of certificated supervisor
			from	to	
					Name of the supervisor: Designation: Telephone No.: Email ID: Signature of the supervisor:
					Name of the supervisor: Designation: Telephone No.: Email ID: Signature of the supervisor:
					Name of the supervisor: Designation: Telephone No.: Email ID: Signature of the supervisor:
					Name of the supervisor: Designation: Telephone No.: Email ID: Signature of the supervisor:
					Name of the supervisor: Designation: Telephone No.: Email ID: Signature of the supervisor:

**PART 8. PAYMENT** (complete applicable sections only)

Name and address for invoice (if different from candidate's), including telephone number and e-mail address:
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**PART 9. CANDIDATE'S STATEMENT CONFIRMING ELIGIBILITY FOR EXAMINATION**

Candidate's full name:	
Candidate ID number (if existing certificate holder):	

I have read and understand Certification manual CM for personnel engaged in NDT, particularly the criteria for eligibility, and hereby confirm that I satisfy those criteria applicable to the level and NDT method for which I am seeking certification. In the event that I am awarded certification. I agree to comply with the Code of Ethics (F-71). I also understand that, in the event of a false statement being made in this application, any certification awarded as a result of success in the examination will be null and void.

I understand that the CB will hold and may 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:	
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\*You have the right to ask the CB not to send such mailings. If you do not wish to receive this information, please tick this box [  ]. You also have the right of access to personal data that we hold about you, on payment of an access fee.

**PART 10. VERIFICATION OF CANDIDATE'S STATEMENT**

(by the employer or, 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:		E-mail	
Position:		Company:	
Telephone:		Signature:	

**PART 11. FOR USE BY THE CB**

<b>Application Reviewed for compliance with Eligibility Criteria for Taking ISO9712 examinations</b>			
Application Approved		Reason for Rejection:	
Application Rejected		Candidate ID Number (Allotted):	
Date		Candidate Cert Number (allotted)	
Reviewed By:		Signature:	