

# Request for Examination - NDT



## STUDENT DETAILS

Student First Name <sup>1</sup> :		Date of Birth: / /	
Student Surname <sup>1</sup> :			
Address:			
Suburb/City:	State:	Post Code:	
Phone:			
Student Email <sup>1</sup> :			
Payment of Fees by: <input type="checkbox"/> Student <input type="checkbox"/> Company By default, where course fees are paid by the company, course feedback and results may be discussed with the student's employer, without prior consent. If you <b>do not</b> wish this to happen, please initial the box to the right.			

<sup>1</sup>The name and email address above will be used for all correspondence including the letter of exam results.

## COMPANY DETAILS – only required if Company is responsible for payment of fees

Company Name:		
Billing Address:		
Suburb/City:	State:	Post Code:
Contact Name:	Email:	
Email for Invoice:	Telephone:	
Company Purchase Order No: (Only for Approved Purchasers)		

## EXAM DETAILS:

*Method/Sector <small>e.g. UT2 Welds</small>	Exam <small>e.g. General, Specific or Practical</small>	Requested Location	Date of Previous Exam	Requested Date	Cost <small>Refer page 2</small>
Reason for examination - please tick: <input type="checkbox"/> Resit <small>Note 1</small> <input type="checkbox"/> Recertification <small>Note 2</small> <input type="checkbox"/> Other <small>Note 3</small>					
Practical revision / practice prior to exams PT/MT/UT1/UT2W/RT2W/ET/VT: Candidates sitting practical exams may wish to do revision prior to exams. Please nominate the number of days revision you require. (Revision: \$300/day)				No. of Days:	Dates:

**Note 1:** Candidates who have sat or resat an exam for this method with an alternative AQB, in the last 2 years, must provide a copy of previous results. Failure to do so may result in disciplinary action by the Certification body.

**Note 2:** For recertification please supply a copy of current certification.

**Note 3:** Candidates sitting initial exams that have not trained with ATTAR must provide documentation to show that they have met the minimum requirements for training hours as required and defined by the applicable Certification Body.

Certification bodies have specific criteria regarding the validity of examination. Refer to the appropriate Certifying body for further information.

*UT, ET, PA – will you be supplying your own equipment – tick applicable <input type="checkbox"/> YES <input type="checkbox"/> NO  Note: Where candidates supply the own ultrasonic sets, the use of pre-made data and setup files is not allowed. Candidates must ensure that all saved memory files are removed/deleted prior to attending the practical exam
Radiography Practical Exam - Candidates must bring to the exam: <ul style="list-style-type: none"> <li>• Current TLD/Film badge</li> <li>• Copy of current Radiation Safety License</li> </ul>

