

# Request for Examination - NDT Sydney January 2024

**APPLICATIONS CLOSE 11 JAN 2024**

## 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:	

## PRACTICAL EXAM DETAILS:

Method/Sector	Level	Location	Date	Cost *	Select Required Exam
Magnetic Particle / Multisector	1 or 2	Hunter Valley Testing, Smithfield NSW	22-24 January 2024. Specific exam times to be confirmed.	\$450.00	<input type="checkbox"/>
Liquid Penetrant / Multisector	1 or 2			\$450.00	<input type="checkbox"/>
Ultrasonics / General	1			\$450.00	<input type="checkbox"/>
Ultrasonics / Welds	2			\$450.00	<input type="checkbox"/>
Eddy Current / Multisector	2			\$450.00	<input type="checkbox"/>
Reason for examination - please tick:		<input type="checkbox"/> Resit	<input type="checkbox"/> Recertification		

## THEORY EXAM DETAILS:

Method/Sector/Type (eg: MT2/MS/General)	Level	Location	Date	Cost *	Select Required Exam
		Hunter Valley Testing, Smithfield NSW	22-24 January 2024. Specific exam times to be confirmed.	\$350.00	<input type="checkbox"/>
				\$350.00	<input type="checkbox"/>
				\$350.00	<input type="checkbox"/>
				\$350.00	<input type="checkbox"/>
Reason for examination - please tick:		<input type="checkbox"/> Resit	<input type="checkbox"/> Initial		

\*GST Exempt

## Exam Requirements (candidates to supply all equipment to carry out practical examinations)

**UT:** All Ultrasonic equipment (including calibration blocks) must be suitable for the inspection of samples to ISO16809/AS2207. Note: The use of premade memory files (including DAC) is not permitted and must be removed from the set before the examination commences, this will be verified by the examination invigilator. **ET:** All Eddy Current equipment (including calibration pieces) must be suitable for the inspection of the exam samples  
 a) Inspection of 1 x Weld to ISO17643 b) Inspection of Tubes (approx. 400mm in length, 19.05mm OD – 1.65mm to 2.11mm WT) c) Low Frequency Inspection of corrosion sample d) Manual conductivity sorting of 5 samples. Note: The use of premade memory files is not permitted and must be removed from the set before the examination commences, this will be verified by the examination invigilator. **MT/PT:** Candidates to supply their own equipment and consumables, MSDS for consumables must be supplied and approved by the examination invigilator. All electrical equipment (Calibrated 240 AC Yoke, White light, Black light) supplied by the candidate must be tested and tagged showing test and tag expiry dates.

**Request for Examination - NDT**  
**Sydney January 2024**

Student Name: \_\_\_\_\_

Date of Birth:    /    /

**PAYMENT DETAILS:**      Payment of Fees by: *(please tick)*    Company    Student

I wish to pay my fees of \$ \_\_\_\_\_

By: *(please tick payment method)*

Company Purchase Order – **Only applicable if you are an approved Purchaser.** A copy of the Company Purchase Order for the **full course fee** must be supplied with this Enrolment Form.

Direct Deposit

Name of Account:	Engineering Materials Evaluation Pty Ltd
Account Number:	02-785-2676
BSB No:	083-004
Bank:	National Australia Bank Ltd
Reference:	SURNAME AND EXAM ABBREVIATION (i.e. UT2W)

Please forward enrolment and/or notification of payment to Email: [training@attar.com.au](mailto:training@attar.com.au)

Credit Card:      Please contact the ATTAR office to provide credit card details.

**I understand the following conditions and acknowledge by my signature:**

- I understand the exam requirements nominated on page 1.
- Exam Requests will not be accepted unless signature and payment are supplied.
- ATTAR will issue confirmation by email of examination dates and times and the applicable invoice.
- ATTAR will provide a letter of exam results to the nominated email address.
- Failure to provide 14 days' notice of a cancellation will result in full forfeiture of exam fees.
- For all exams, my results and details will be supplied to the applicable Certification Body (AINDT).

Some NDT methods involve the use of electromagnetic fields. This may affect electronic devices including Pacemakers, Insulin Pumps, etc. Please contact ATTAR should you have any questions or concerns.

Student Signature: \_\_\_\_\_ Date    /    /

Please forward your completed form to – [training@attar.com.au](mailto:training@attar.com.au)

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