

EMPLOYER BASED LEVEL 1, 2 & 3 EXAMINATION FORM

Please complete all sections and return to Testia Limited (see details in footer)

SECTION A: Your examination details

Full Name (as you would like it to appear on your certificate)	
Company Name	
Employee Badge Number (if applicable)	
Position in Company	
Method for Examination (MT, PT, ET etc)	
Level (level 1, level 2 or level 3)	
Exam Type (Initial, Re-Certification or Re Sit)	
General Theory required Yes/No	
Qualification Specification (EN4179 or NAS410)	
Examination Date (to be confirmed by Testia)	
Location of Examination	

<u>Level 1 & 2 Certification Currently Held</u>	
ASNT (Methods)	
PCN (Methods)	
Other (Methods)	
None	

<u>For Level 3 examinations only</u>	
Basic exam (i.e. Basic, RT, ET, UT, PT, MT)	
Level 3 Only (Method)	
Level 3 & Level 2 Practical	
Recertification by points	

<u>Level 3 Certification Currently Held</u>	
ASNT (Methods)	
PCN (Methods)	
Other (Methods)	
None	
Do you currently hold Level 2 Practical in the Method for the examination sought? Yes/No	

LEVEL 1 & 2 PRACTICAL EXAMINATION (Only complete if Level 1 or 2 Practical is required)

- List below the method specific techniques you wish included in the practical examination.
- The chosen techniques **must** be those defined within your company's written practice & approved by your company's responsible level 3

Technique writing (Level 2)

- If technique writing is to be included as part of the Level 2 practical examination please provide the following information

Technique writing required:	Yes/No
Technique format, company form number:	
In accordance with your written practice, is the technique writing graded separately to the practical or is the score factored into the practical grade?	Separate/included (delete as appropriate)

Please include here any additional requirements you would like to be included or not included in the examination.

The following signatures are required which will form a Contract for Examination between TESTIA LIMITED and your company.

For the Company:.....

Responsible Level 3.....

Name

Name.....

Position.....

Date.....

Date.....

Essential Documentation to be provided prior to examination

Written Practice

Prior to administration of qualification examinations a copy of the Employer’s Written Practice is required four weeks prior to the examination.

Written Practice Number:.....

If your Company does not have a Written Practice would you like to discuss its preparation with TESTIA LIMITED?

Yes No

Specific Theory Examination

Please write in the space below which standards / specifications your company uses when carrying out NDT Inspections in the NDT Method of examination sought, revision numbers and issue numbers of each standard / specification must be stated.

You must supply electronic current copies of the requested specifications / standards 4 weeks before the date of examination.

Specification number	issue	Number of questions

Product Technology – If you require product technology questions included in the specific paper please specify in the space below what engineering sector/sectors or product types you wish covered and how many questions are needed.

Product Technology -

SECTION B: Company & Payment Details

Company Name	
Company Address	
Telephone Number	
E-mail Address	
Invoicing Address (if different from company address)	
Proposer and Position in Company	
VAT Number	
Payment Terms: Payment is due prior to the session, you will not be able to attend the session if payment is not received. Any cancellations between 14 and 8 calendar days prior to the session will incur a 50% charge. Any cancellations Equal or less than 7 calendar days prior to the session will incur a 100% charge	

SECTION C: Other

Please specify if you have any dietary or religious requirements.	
Please specify if you have any specific requirements for building access.	
Please specify if you require any taxi services	

SECTION D: To be signed by the Examinee

I declare that signing the below is my statement to abide by the rules of the examination and my commitment to not release confidential examination materials or participate in fraudulent test-taking practices. I also confirm that I am the genuine examination candidate for this examination.

NAME:.....

DATE:.....

SIGNATURE:

SECTION E: To be signed by the Examiner

By signing below I the named examiner confirm that I have read the contents of this form and understand the scope of this examination and declare that I have only a professional relationship with the examinee and will therefore act with impartiality.

NAME:.....

DATE:.....

SIGNATURE: