

## NANDTB 10.A / APPLICATION FORM FOR CERTIFICATION EQUIVALENCY

| CERTIFICATE HOLDER  |                            |                                |               |       |
|---|----------------------------|--------------------------------|---------------|-------|
| <b>CERTIFICATE HOLDER NAME</b>  |                            |                                |               |       |
| <b>Given Names (first names) :</b>  |                            | <b>Family Name (surname) :</b> |               |       |
| <b>Position in Company :</b>  |                            |                                |               |       |
| <b>COMPANY NAME :</b>   |                            |                                |               |       |
| <b>Company Address :</b>  |                            |                                |               |       |
| <b>Phone :</b>  |                            | <b>e-mail :</b>                |               |       |
| CERTIFICATE EQUIVALENCY REQUEST   |                            |                                |               |       |
| <b>NDT Method for Certificate Equivalency</b>   |                            |                                |               |       |
| <input type="checkbox"/> PT <input type="checkbox"/> MT <input type="checkbox"/> UT <input type="checkbox"/> ET <input type="checkbox"/> RT <input type="checkbox"/> TT <input type="checkbox"/> Others                                     |                            |                                |               |       |
| <b>Others:</b> .....  |                            |                                |               |       |
| <b>EMPLOYER / EMPLOYER REPRESENTATIVE:</b>  |                            |                                |               |       |
| <b>Name :</b>   |                            | <b>Signature :</b>             |               |       |
| <b>Position :</b>   |                            | <b>Date :</b>                  |               |       |
| FORMAL EDUCATION <sup>(1)</sup>   |                            |                                |               |       |
| <input type="checkbox"/> Two years of engineering or science study at a technical school, college or university<br><input type="checkbox"/> 3-4 year science or engineering under graduate degree<br><input type="checkbox"/> None / others |                            |                                |               |       |
| <i>(1) If you do not have formal education in engineering or science, please check "None/others".</i>   |                            |                                |               |       |
| <b>Latest graduated school and date :</b>   |                            |                                |               |       |
| CURRENT CERTIFICATES SUBJECT TO THE EQUIVALENCY REQUEST   |                            |                                |               |       |
| Method /Level   | NDT Certification Standard | Issued By                      | Date of Issue |       |
|   |                            |                                |               |       |
| LAST FORMAL TRAINING <sup>(2)</sup>   |                            |                                |               |       |
| Method /Level   | Training Body              | Trainer                        | Date          | Hours |
|   |                            |                                |               |       |
| <i>(2) All trainings related to applied method shall be from a NANDTB approved training center. Please attach the training records and training outlines including documentation of previous trainings.</i>                                 |                            |                                |               |       |

| 1.) PRACTICAL EXPERIENCE <sup>(3)</sup>   |                  |                |       |                        |       |
|---|------------------|----------------|-------|------------------------|-------|
| Method /Level   | Company          | Date (from-to) | Hours |                        |       |
|   |                  |                |       |                        |       |
|   |                  |                |       |                        |       |
|   |                  |                |       |                        |       |
| (3) Practical experience (on the job training) hours <u>before the certification</u> . Please attach all documentation includes individual, date, task, hours and certified personnel providing direct observation. |                  |                |       |                        |       |
| 2.) EXPERIENCE FOR LEVEL 3 <sup>(4)</sup>   |                  |                |       |                        |       |
| Method  | Company          | Date (from-to) |       |                        |       |
|   |                  |                |       |                        |       |
|   |                  |                |       |                        |       |
|   |                  |                |       |                        |       |
| (4) This section shall be filled by Level 3 individuals only.   |                  |                |       |                        |       |
| 3.) EXAMINATIONS <sup>(5)(6)</sup>  |                  |                |       |                        |       |
| <b>3.1. General Examination</b> <input type="checkbox"/> Open book<br><input type="checkbox"/> Closed book  |                  |                |       |                        |       |
| Method /Level   | Examination Body | Examiner       | Date  | Number of Questions    | Score |
|   |                  |                |       |                        |       |
| <b>3.2. Specific Examination</b> <input type="checkbox"/> Open book<br><input type="checkbox"/> Closed book   |                  |                |       |                        |       |
| Method /Level   | Examination Body | Examiner       | Date  | Number of Questions    | Score |
|   |                  |                |       |                        |       |
| <b>Reference materials used at the specific examination:</b>  |                  |                |       |                        |       |
|   |                  |                |       |                        |       |
| <b>3.3. Basic Examination</b> <input type="checkbox"/> Open book<br><i>For only Level 3</i> <input type="checkbox"/> Closed book  |                  |                |       |                        |       |
| Method /Level   | Examination Body | Examiner       | Date  | Number of Questions    | Score |
|   |                  |                |       |                        |       |
| <b>3.4. Practical Examination</b>   |                  |                |       |                        |       |
| Method /Level   | Examination Body | Examiner       | Date  | Number of Test Samples | Score |
|   |                  |                |       |                        |       |
| <b>Inspection technic used at the practical examination</b> :   |                  |                |       |                        |       |
|   |                  |                |       |                        |       |
| <b>Details about material/hardware/test samples</b> :   |                  |                |       |                        |       |
|   |                  |                |       |                        |       |
| <b>Instruments /Inspection systems used at the examination</b> :  |                  |                |       |                        |       |
|   |                  |                |       |                        |       |

**3.5. Vision Examination<sup>(7)</sup>**

**Near Vision:**  Tumbling E in accordance with ISO 18490  
 20/25 (Snellen) at 16" (40.64cm) ± 1" (2.54cm)  
 Jaeger No. 1 at not less than 12" (30.48 cm)

**Color Perception:**

- (5) Please attach all documents about examination body and examiner including examiner's Level 3 certifications.
- (6) For Level 1 and/or Level 2 applications, all examinations related to applied method shall be from other countries NANDTB's approved training center. For Level 3 applications, Level 3 candidate shall previously have EN 4179 Level 2 qualification from an approved training center and having Level 3 certificates for related method(s) from ASNT, ISO 9712, PCN Aero.
- (7) Please attach the examination report.

**1.) ADDITIONAL INFORMATION**

**4.1. Please write in the space below which standards/specifications your company uses when carrying out NDT Inspection in the NDT Method of certificate equivalency sought:**

**4.2. Please write in the space below which techniques your company uses when carrying out NDT Inspection in the NDT Method of certificate equivalency sought:**

**4.3. Please use this box to inform NANDTB-TR of any other information about the current certificate:**

**Please be informed that NANDTB-TR can evaluate if the administration of the qualification conforms to the EN 4179 standard. Only the employer can certify the personnel in accordance with the employer's written practice.**

**THE FOLLOWING SECTION WILL BE FILLED BY NANDTB-TR**

| <b>2.) EVALUATION</b>  |  |
|--|--|
| <p><b>5.1. Is practical experience conforming to EN 4179 requirements?</b></p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO      <input type="checkbox"/> need more data</p>                                     |  |
| <p><b>5.2. Is experience for Level 3 conforming to EN 4179 requirements?</b></p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO      <input type="checkbox"/> N/A      <input type="checkbox"/> need more data</p> |  |
| <p><b>5.3. Is formal training conforming to EN 4179 requirements?</b></p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO      <input type="checkbox"/> need more data</p>  |  |
| <p><b>5.4. Are examinations conforming to EN 4179 requirements?</b></p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO      <input type="checkbox"/> need more data</p>  |  |
| <p><b>5.5. Is vision test conforming to EN 4179 requirements?</b></p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO      <input type="checkbox"/> need more data</p>  |  |
| <p><b>5.6. Commends (if needed)</b></p><br><br><br><br><br><br><br><br><br><br>  |  |
| <b>EN 4179 QUALIFICATION EQUIVALENCY APPROVAL</b>  |  |
| <p><b>NANDTB-TR Approval:</b></p> <p style="text-align: center;"> <input type="checkbox"/> Approved      <input type="checkbox"/> Disapproved         </p>   | <p><b>Reason of disapproval:</b></p><br><br><br><br> |
| <p><b>On behalf of NANDTB-TR :</b></p> <p><b>Name:</b></p> <p><b>Phone:</b></p> <p><b>e-mail:</b></p>  | <p><b>Signature:</b></p> <p><b>Date:</b></p>         |