



**TCR ADVANCED ENGINEERING PVT. LTD.
VADODARA**

Application form for NDT level I/II as per SNT TC – 1A

AFFIX YOUR
RECENT
PASSPORT SIZE
PHOTOGRAPH

Identification no.	If Identification no. is given previously, kindly enter in the box	
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1.0 Personal Data (Block letters) Mail certification information to: () Home () Work

Name _____
Print your name as you would like it to appear on your certificate: First, Middle or Middle Initial, Last

Home _____
Address _____

City State/Prov. ZIP/Postal Code Country

Phone Email

Work _____
Organization Name _____

Address _____

City State/Prov. ZIP/Postal Code Country

Phone Email

It is your responsibility to notify TCR ADVANCED of address changes.

Birth date	:	_____	Designation	:	_____
Total experience	:	_____ Years _____ Months			
Edu. qualification	:	Check ONE only which describe your highest Educational qualification			
		<input type="checkbox"/> S.S.C. <input type="checkbox"/> H.S.C. <input type="checkbox"/> B.Sc. <input type="checkbox"/> M. Sc. <input type="checkbox"/> D. E. <input type="checkbox"/> B.E. E. <input type="checkbox"/> M.E. <input type="checkbox"/> Other			

- Applicant Classification:**
- Check which best describes your application
- First time applicant
 - Re-taking failed examination (s)
 - Adding method (s) to previous certification
 - Re-certifying by theoretical examination and practical exams (training Certificate/past level I/levelII certificate)
 - Re-certifying by evidence of continuing satisfactory performance (Level I/level II certificate, experience certificate)
 - Certification of candidates by verification of training taken from different institute/facility (attach photocopy of training certificate)



Education & Experience Requirements

ASNT Level II applicants **must** satisfy one of the following eligibility criteria:

Note: For Direct Level II please sum up the experience and training for LI and LII

If you do not satisfy the above criteria for the method(s) in which you are applying, please do not submit an application. Applications received from ineligible applicants will be returned to the applicant in accordance with the Transfer / Cancellation / Refund Policy. It is your responsibility to determine your own eligibility.

Each time a new examination is attempted, you must supply documentary evidence of education and experience appropriate for that examination. Do not rely on past applications to meet this requirement.

Method	High School Hours	BSC Hours	Engineer Hours	Experience Hours	Experience Month
PT I	4	4	4	130	1
PT II	8	4	4	270	2
MT I	12	8	8	130	1
MT II	8	4	4	400	3
UT I	40	30	30	400	3
UT II	40	40	40	1200	9
RT I	40	30	30	400	3
RT II	40	35	35	1200	9

Recertifying and retaking personnel need only submit information new since the last application.

If you do not satisfy the above criteria for the method(s) in which you are applying, please do not submit an application. Applications received from ineligible applicants will be returned to the applicant in accordance with the Transfer / Cancellation / Refund Policy. **It is your responsibility to determine your own eligibility.**

Each time a new examination is attempted, you must supply documentary evidence of education and experience appropriate for that examination. Do not rely on past applications to meet this requirement. Recertifying and retaking personnel need only submit information new since the last application.

Education

You must attach documentation for education if you are using post-secondary education to meet the Education and Experience Requirements. Copies of diplomas or transcripts are acceptable. All documentation must be in English or accompanied by an English translation.

Highest Level of Educational Achievement	List the name and address of the institution where your highest level of education was obtained as it relates to your ASNT Certification.
<input type="checkbox"/> High School Diploma	Institution _____
<input type="checkbox"/> 2 or more years of College in Engineering or Science	Address _____
<input type="checkbox"/> 2-year Technical/College Degree	Major Course of Study _____
<input type="checkbox"/> 4-year College Degree	Degree _____



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Schedule A

(Photocopy this page as often as necessary to list your training history. List positions in reverse chronological order.)

Experience

You must supply documentary evidence of experience to meet the minimum experience requirements in the method(s) for which you are applying appropriate to your highest level of education as described in the Education & Experience Requirements section on page 3.

Acceptable documents include employer or third-party certificates or certification records, human resources records, a signed statement from the employer or responsible Level III, a signed statement from an ASNT Level III or ACCP Professional Level III, or, for self-employed personnel, signed statements from at least two (2) customers. All documentation must be in English or accompanied by an English translation.

Form fields for Position #, Dates of Employment, Organization Name, Employer Contact Name, City, State, Postal Code, Country, Phone, Fax, Email.

Check methods below where NDT/PdM job functions were performed and indicate comparable Level. AE, ET, IR, LT, MT, NR, PT, RT, UT, VA, VT.

Attachments: List the document(s) that are attached to this application as evidence of this NDT/PdM experience.

Form fields for Position #, Dates of Employment, Organization Name, Employer Contact Name, Organization Address, City, State/Prov., ZIP/Postal Code, Country, Phone, Fax, Email.

Check methods below where NDT/PdM job functions were performed and indicate comparable Level. AE, ET, IR, LT, MT, NR, PT, RT, UT, VA, VT.

Attachments: List the document(s) that are attached to this application as evidence of this NDT/PdM experience.



EMPLOYMENT VERIFICATION

7.0

EMPLOYMENT VERIFICATION - To be completed by your supervisor or personnel manager of your MOST RECENT EMPLOYMENT

IMPORTANT! Your application cannot be processed without completion of this form. Mail this form with your application, do not send separately.

IF SELF EMPLOYED: Do not use this form if self employed. Instead, provide a reference letter from one of your clients.

Company name : _____
Dept./Division : _____
Company Address : _____

City State Country Postal Code
Telephone Number : _____
Email : _____

I verify that _____, is / was employed by this company and does / did carry out the described principal duties during the employment period (s) indicated on this application.

My Name is _____ My job title is _____

Date _____ Signature _____



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Vision Requirements

Vision examinations shall be administered by a physician, licensed nurse, ophthalmologist or optometrist, or by personnel approved by the employer’s Level III. The visual examination date must be within **12 months** of the date that this application is signed. The form below may be used to document this requirement.

Near distance vision

You must have visual acuity in at least one eye capable of reading the **Jaeger J1** test chart, or equivalent, at a distance of not less than 30.5 cm (12 in.)

Color vision

You must be able to differentiate between the colors used in the NDT method(s) in which certification is sought.

Attestation of Visual Acuity

Eye Exam Date _____

Candidate Name (please print) _____

I attest that I administered a **near distance examination** on the candidate named above, and that the candidate has natural or corrected near-distance acuity in at least one eye capable of reading the **Jaeger Number 1** test chart or equivalent at a distance of not less than 30.5 cm (12 in.).

I attest that I administered a **color perception examination** on the candidate named above, and that the candidate has:

Shades of grey color for RT technicians -----

No Color Perception Deficiency Color Perception Deficiency (Specify) _____

Signature of Eye Examiner

Date

Ophthalmologist/Optomertist Physician Registered Nurse

Employer’s Level III Certificate No: _____ Expiration Date: _____

Other (Approved by the Employer’s Level III): Title: _____

Employer Attestation (for Candidate Color Perception Deficiency)

If the candidate has a color perception deficiency, the candidate’s ability to distinguish colors used in the applicable method(s) as specified by the employer must be confirmed by the employer or a designated and responsible agent of the employer (such as an ASNT Level III, ACCP Professional Level III, or company Level III per *SNT-TC-1A*).

I attest that the above named candidate has sufficiently demonstrated the ability to distinguish colors used in the applicable test method(s) as specified in employer procedures.

Employer/Agent Signature

Date

Employer/Agent Name (print)

ID (if applicable)

Title



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Transfer/Cancellation/Refund policy

The transfer or cancellation deadline is two (2) calendar weeks prior to the week of a scheduled examination. Transfers or cancellations received before the deadline will be subject to Rs.1000.00 administrative fee PER EXAMINATION. A transferring applicant must remit those administrative fees to TCR Advanced by the application deadline for the rescheduled examination. No examination attendance will be permitted unless all fees are paid. Canceling applicants will receive a refund less all administrative fees.

No transfers or cancellations will be accepted after the above transfer deadline. Failure to show up (“No Shows”) for scheduled examinations will result in forfeiture of the fees for the missed examinations. If an examination application is received and the applicant is found to be unqualified to take the examination, a refund will be issued less an administrative fee of Rs. 1000.00 PER EXAMINATION.

All requests for transfers or cancellations must be submitted in writing to TCR Advanced and be signed by the person registered for the examination. A signed fax transmittal is acceptable.

No exceptions will be made to the above policy.

STATEMENTS AND SIGNATURE

By my signature on this page if certified by TCR ADVANCED, I understand and agree to abide by the respective certification level Code of Ethics for Level I / Level II NDT Personnel Certified by TCR ADVANCED so long as I maintain a Certificate. Further, I understand the right of TCR ADVANCED to suspend or revoke any Certificate granted if I abuse the privileges therein granted to me.

I understand that certifications which may result from this application do not constitute any form of license.

I hereby attest that facts on this application are true and correct and no information which might be detrimental to the granting of certification has been withheld. TCR ADVANCED has the right to request documentation of education, training, and experience I have listed on this application. I understand that it is my responsibility to maintain documentation of education, training, and experience required for certification as represented in this application. If requested, I will supply documentation to TCR ADVANCED as directed and TCR ADVANCED has the right to suspend or revoke my certification pending investigation should I fail to produce the documentation of my claims. TCR ADVANCED may make any inquiries necessary to determine my qualifications for certification based upon the information I have supplied in this application.

I agree to abide by the decision of TCR ADVANCED relative to the granting and maintenance of any Certifications as applied for herein.

For valuable consideration, the undersigned, having made application for Personnel Certification before TCR ADVANCED, does hereby release and forever discharge for Nondestructive Testing, from any and all liabilities, claims, demands, or causes of action whatsoever, which now exist or which may hereafter arise on account of the undersigned’s activities henceforth as Personnel Certified by TCR ADVANCED. The undersigned applicant further acknowledges that this release is being given as a prerequisite for having filed application for consideration by TCR ADVANCED.

The undersigned applicant further represents that if not certified by TCR ADVANCED, then my attestations, release and discharge shall have no force and effect, otherwise, upon certification as set forth above, my attestations and this release shall be binding on the undersigned applicant and TCR Advance for Nondestructive Testing and any and all agents of TCR ADVANCED in connection with such certification process.

Name of Applicant

Name of Witness

Signature of Applicant

Signature of Witness