

EXAMINATION APPLICATION FORM EMPLOYER BASED EXAMINATIONS

Complete this form to request the services of AIT as an Outside Agency Level III, and return to:

**Aerospace Inspection Training Ltd.
Hangar A, Gambling Close, Norwich Airport, Norwich NR6 6EG, Norfolk, UK
Tel: 01603 426165 • Fax: 01603 424019 • e-mail: aerospacetraining@yahoo.co.uk**

NAME		
Family name (Surname)	Given names (First names)	
Position in Company		
COMPANY NAME		
Company Address		
Tel No.	Fax No.	e-mail
Proposer and Position in Company		Signature
Purchase Order No.		
EXAMINATION Method:	Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Initial <input type="checkbox"/> Re-Certification	Date Required:
QUALIFICATION SPECIFICATION		
<input type="checkbox"/> EN 4179 <input type="checkbox"/> NAS 410 <input type="checkbox"/> Boeing BSS 7698		
WRITTEN PRACTICE (required by EN 4179/NAS 410)		
Prior to administration of qualification examinations a copy of the Employer's Written Practice is required.		
<input type="checkbox"/> Yes, a copy of our Written Practice will be provided four weeks prior to the examination. <input type="checkbox"/> No, our Company does not have a Written Practice. We would like to discuss its preparation.		
INSPECTION PROCEDURES Please specify the standard or specification which you use when carrying out NDT Inspections in the Method requested (If aircraft maintenance manuals are used, please specify). It may be necessary for you to supply a current copy of the relevant documents.		
Do you wish AIT to book Hotel Accommodation on your behalf at the Airport Holiday Inn or other facility?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (List available on request) _____		
RESERVATIONS: AIT will make hotel reservations when requested. Although every effort is made to find suitable accommodation, AIT is not responsible for the standard of hotels etc. All payments for accommodation must be made by the student direct to the hotel concerned. Aerospace Inspection Training will not pay any account sent in by a Hotel.		
Number of nights _____ Dates from _____ to _____ inclusive		
Type of Accommodation: <input type="checkbox"/> SINGLE ROOM <input type="checkbox"/> TWIN ROOM Please include: <input type="checkbox"/> BREAKFAST		

PAYMENT TERMS - FEES ARE DUE 14 DAYS IN ADVANCE OF THE EXAMINATION

CANCELLATION POLICY Notification to Aerospace Inspection Training of your intent to cancel a reservation must be made and agreed up to 7 days prior to the start date with no penalty. Cancellations after that time will be subject to 50% of the examination cost.

ACKNOWLEDGMENT Your booking for the above examination is confirmed.		
Signed _____	AIT Examination Co-ordinator	Date: _____