

## 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**

<b>NAME</b>		
Family name (Surname)		Given names (First names)
<b>Position in Company</b>		
<b>COMPANY NAME</b>		
<b>Company Address</b>		
<b>Tel No.</b>	<b>Fax No.</b>	<b>e-mail</b>
<b>Proposer and Position in Company</b>		<b>Signature</b>
<b>Purchase Order No.</b>		
<b>EXAMINATION Method:</b>	<b>Level:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Initial <input type="checkbox"/> Re-Certification <input type="checkbox"/> Re-Test	<b>Date Required:</b>
<b>QUALIFICATION SPECIFICATION</b>	<input type="checkbox"/> EN 4179 <input type="checkbox"/> NAS 410	
<b>WRITTEN PRACTICE</b>		
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.		
<b>INSPECTION PROCEDURES</b> On Page 2 please specify which specifications and/or standards used in the NDT inspections. In addition, please indicate which techniques are used.		
<b>Do you wish AIT to book Hotel Accommodation on your behalf at the Airport Holiday Inn or other facility?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other ( <i>List available on request</i> ) _____		
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**

**FACILITIES** – It may be possible to make provision in examinations for disabled candidates. If you are disabled please bring this fact to the attention of Aerospace Inspection Training Ltd

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

**1. 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.**

**2. Please indicate below the techniques used in the inspection process.**

Penetrant Method Codes to ASTM E1417 & EN 571	Magnetic Particle	Eddy Current	Ultrasonic	Radiography
Type 1 Method A	Direct Contact	High Frequency	Contact	Film
Type 1 Method C	Threader Bar/Central Conductor	Low Frequency	Immersion	Real time
Type 1 Method D	Coil	Rotary	Metallic	Computed Radiography
Type 2 Method C	Yoke/Electromagnet		Composite	Composite
				Casting
				Structures
				Welds

**3. Instruction Writing – EN 4179 and NAS 410 ‘Level 2 practical examination’ state that NDT Instruction Writing is optional. Please specify below if Instruction Writing is to be included in the practical examination**

**Note: Items 1,2 and 3 above are part of the contract between Aerospace Inspection Training Ltd and your Company.**

Proposer and Position in Company	Signature	Date