

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 <input type="checkbox"/> Re-Test	Date Required:
QUALIFICATION SPECIFICATION	<input type="checkbox"/> EN 4179 <input type="checkbox"/> NAS 410	
WRITTEN PRACTICE		
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 (<i>If aircraft maintenance manuals are used, please specify</i>). 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 (<i>List available on request</i>) <hr/> 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

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