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|  | TRAINING AND EXAMINATION SERVICES Experience Claim Form | Document no.: NDT 15A rev. 3 |
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----- please carefully read the guidance on the reverse of this form, before completing the information -----

| Candidate details | | | |
|----------------------------|-------------------------------|---------------------------|--|
| Name ¹ | Roberto None Fonseca Da Rocha | | |
| Date of birth ² | | Candidate ID ³ | |

| Current and former certification ⁴ | | |
|---|--------------------------|--|
| Method & Level ⁵ | Expiry date ⁶ | Scheme / Certifying authority ⁷ |
| Test2 | 08/25/2022 | TEst2 |
| TEst | 08/25/2022 | Test |

| Experience claimed ⁸ | | | |
|---|--|-------------------------------------|-----------------------------------|
| Method & Level ⁹ | Experience claimed since ¹⁰ | Number of months ¹¹ | Date of examination ¹² |
| Test | test | 3 | 05/24/2022 |
| Teste | Teste | 6 | 05/24/2022 |
| Test3 | Test3 | 34 | 05/24/2022 |
| Description of experience ¹³ | | | |
| Test | | | |
| Date | | Candidate's signature ¹⁴ | |

| Verifier details ¹⁵ | | | |
|------------------------------------|--|--|--|
| Name & Job title ¹⁶ | Test | | |
| Company name ¹⁷ | Test | | |
| Supervision activity ¹⁸ | Test | | |
| E-mail ¹⁹ | amirbehvandi747@gmail.com | | |
| Declaration | I have reviewed the information provided and can confirm the candidate gained experience as indicated above. | | |
| Date | 08/29/2022 | Verifier's signature & stamp ²⁰ | |

- Before submitting the completed form please ensure all fields are completed and all required documentation is attached (see guidance on reverse).
- The completed form with attachments should be submitted to TWI regional office.

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Experience claim form – notes

- ¹ The full name of candidate as stated on the original enrolment form (as it will be shown on the certificate).
- ² Candidate's date of birth in the following format DD/MM/YYYY (e.g. 20/08/1969).
- ³ The six-digit identification number of the candidate (if known – this is usually indicated on the result notice).
- ⁴ The candidate is advised to list certificates, which may be relevant to the experience claimed. This may be certificates currently valid, issued under a different scheme or expired certificates in the method for which experience is claimed. For example: if a candidate is claiming CSWIP MT Level 2 certificate an expired PCN MT level 2 certificate or MT Level 2 certificate issued under SNT-TC-1A scheme will be considered during the claim review.
- ⁵ Standard abbreviations to be used (e.g. MT L2, UT L3 etc.).
- ⁶ Expiry date of certificate in the following format MM/YYYY (e.g. 12/2015)
- ⁷ Should the certificate be based on EN ISO 9712 the certifying authority who issued the certificate should be indicated (e.g. CSWIP, PCN, TUV Nord etc.). In other cases a scheme document should be referenced (SNT-TC-1A , EN 4179 etc.).
- ⁸ This form may be used to claim experience up to a maximum of three methods. If candidate needs to claim experience in more methods, an additional form should be used.
- ⁹ Method and Level of certification for which the candidate is claiming experience. Standard abbreviations should be used.
- ¹⁰ Start date from when the experience in given method was gained in the following format MM/YYYY (e.g. 06/2013)
- ¹¹ Number of months for which the candidate was directly involved in activity (e.g. 9 months).

 Note: The experience may be claimed only for the time period during which the candidate carried out the relevant activity under supervision. For example: Individual is employed as an NDT inspector since 03/2015. Among his duties belong performance of the following methods: MT, PT, UT and ET. Since the start of employment, he spent 5 months only by carrying out MT inspections. Therefore, the claim form should indicate 'MT L2; since 03/2015, duration 5 months'.
- ¹² Date of examination needs to be completed only if experience is claimed after examination. Claim of experience is possible maximum 2 years after successful examination.
- ¹³ A brief outline of activity carried out during the period (as stated in months) when experience was gained should be provided. The activity must be strictly related to method in which the certification is sought. This section may be also supported by attached up-to-date CV.
- ¹⁴ The form must be signed by the candidate.
- ¹⁵ Each form must be reviewed by the verifier whose signature confirms the information given (re: experience) to be correct. The only person to be classed a supervisor, will be the person who takes supervisory responsibility for the candidate on a working basis.
 - Employed candidates usually have their experience verified by a Company NDT supervisor, QA/QC manager, responsible NDT Level 3 etc. (a certified NDT level 3 in given method and sector is preferred).
 - Self-employed candidates usually have their experience verified by main contractor for whom work was carried out during the time when experience was gained.
 Colleagues without responsibility for the Candidates activity and/or the candidate's subordinates are not acceptable verifiers.
- ¹⁶ Name of verifier (as stated on his/her certificate) and official employment job title.
- ¹⁷ Name of company where the verifier is employed.
- ¹⁸ Briefly outline – how was Verifier involved in candidate's supervision and what sort of responsibility he/she had for the results of tests carried out by candidate
- ¹⁹ Verifier's contact e-mail. The Verifier may be contacted and asked for further relevant details if there is any doubt whatsoever. Company e-mail addresses are preferred; private e-mail addresses set-up for the purpose of communication with the certifying body will not be accepted
- ²⁰ By signing the declaration, the verifier confirms accuracy of information provided. Verifier's signature should be accompanied by stamp.

Required attachments

- Copy of verifier's certificate
- Copy of candidate's relevant certificates (optional)

