



# NDT TRAINING & TESTING CENTER

7303 WINDFERN ROAD  
HOUSTON, TEXAS 77040

## ASSESSMENT EXAMINATION REQUEST FORM

Assessment Examinations are the final step in concluding formal training in most methods of NDT. Assessment examinations may also be required under a company's Written Practice when an experienced technician is newly hired or is needing re-certification. Three examinations per method are recommended in SNT-TC-1A and are required under CP-189: the General Test, the Specific Test and the Practical Test. Visual Acuity exams may also be a requirement.

These three examinations are for the following purposes:

- **General Examination** – a written examination addressing the principles of a nondestructive testing method.
- **Specific Examination** – a written examination to determine an individual's ability to read, interpret and apply procedures, codes, standards, specifications, and equipment instrumentation for an NDT method utilized by an employer or industry sector.
- **Practical Examination** – an examination used to demonstrate an individual's ability to operate test equipment, perform specific calibrations and perform NDT methods.

The following information must be completed and returned to us. If there is additional information you require us to know, please address that on a separate sheet or within the body of your email.

This is a PDF form, and consequently can be filled out on your computer and emailed back to us, or it can be printed out, completed by hand (print clearly, please) and faxed to us at 713 849-4008.

### CONTACT INFORMATION:

CONTACT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ TELEPHONE 2 \_\_\_\_\_

NAME OF INDIVIDUAL(S) TO BE TESTED \_\_\_\_\_

### TESTING INFORMATION:

#### QUALIFICATION EXAMINATION(S) REQUESTED:

	<input type="checkbox"/> VT	<input type="checkbox"/> PT	<input type="checkbox"/> MT	<input type="checkbox"/> RT	<input type="checkbox"/> UT	<input type="checkbox"/> ET
LEVEL:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III
TEST:	<input type="checkbox"/> General <input type="checkbox"/> Specific <input type="checkbox"/> Practical	<input type="checkbox"/> General <input type="checkbox"/> Specific <input type="checkbox"/> Practical	<input type="checkbox"/> General <input type="checkbox"/> Specific <input type="checkbox"/> Practical	<input type="checkbox"/> General <input type="checkbox"/> Specific <input type="checkbox"/> Practical	<input type="checkbox"/> General <input type="checkbox"/> Specific <input type="checkbox"/> Practical	<input type="checkbox"/> General <input type="checkbox"/> Specific <input type="checkbox"/> Practical

Visual Acuity and Color Differentiation Exam

Is this for completion of an online course?  Yes  No

#### Applicable Industrial Application:

Petrochemical (O&G, Pipeline, etc.)  Structural  Aviation/Aerospace

Other - Please Specify: \_\_\_\_\_

#### Under what guidelines are you being certified?

SNT-TC-1A  CP-189  NAS-410  Other - Please Specify: \_\_\_\_\_

By what date do you need to be tested? \_\_\_\_\_

Please list any Codes, Specifications, Standards or Acceptance Criteria by which you must adhere:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_