

The Form must be filled out in every by the Employer's L3R

Request

1st Qualification ☐					Qualification Renewal ☐			
In the Method(s)	PT ☐	MT ☐	ET ☐	UT ☐	RT		IRT ☐	ST ☐
	film ☐		non-film ☐					
Acceptance of parts	Yes ☐				No ☐			
Candidate	Name:				Surname:			
Born in					Date of Birth			
Employer					Work Office / Location			
NDT methods owned by the Employer	PT ☐	MT ☐	ET ☐	UT ☐	RT		IRT ☐	ST ☐
	film ☐		non-film ☐					
Level of Qualification possessed by the candidate at the Employer								
Level(s)								
In the Method	PT ☐	MT ☐	ET ☐	UT ☐	RT		IRT ☐	ST ☐
	film ☐		non-film ☐					
Number of years								
Qualification Standard /regulations different from EN4179/NAS 410 ⁽¹⁾								

(1) Qualification standard refers to EN4179/NAS 410; specify only if another standard applies (i.e. ISO 9712; ASNT, etc.)

Documentation to attach

Attachments		1st Qualification	Renewal
1	Visual Acuity Certificate and issue date	☐ ___/___/___	
2	Educational Qualification and issue date	☐ Degree ☐ Diploma ☐ N/A ___/___/___	☐ N/A
3	ITANDTB Qualification Certificate (in the requested method) and certificate issue date (dd/mm/yy)	☐ L2 Certificate ___/___/___	☐ L3 Certificate ___/___/___
4	Employer Certificate (in the requested method) Issue date (dd/mm/yy)	☐ L2 Certificate ___/___/___	☐ L3 Certificate ___/___/___
5	Documentation regarding Credit System score acquisition	☐ N/A	☐ see attachments
6	Ref. Annex D - EN 4179 Credit system for initial qualification to Level 3 (Fill out and attach Annex D)	☐ N/A ☐ Annex D	☐ N/A

Additional information

To be completed in case of Request for First Qualification; In case of Renewal: ☐ N/A

First Qualification - Basic Exam: choice of methods for the 40 Level 2 questionnaires for each method (10 per method). Select at least 4 methods, prioritizing those used by the employer.

Note 1: It is possible to select more than 4 if specified in the company Written Practice.

Note 2: Select at least one volumetric method (UT or RT).

Note 3: For RT, a choice between RT film and RT non-film is allowed.

☐ PT

☐ MT

☐ ET

☐ UT

☐ RT film

☐ RT non-film

☐ IRT

☐ ST

Techniques ⁽²⁾

Materials ⁽²⁾

Specifications ⁽³⁾

(2) in use by the Employer / Client

(3) in use by the Employer/Client; indicate both company specifications and any international specifications

In case of retaking 1 or more exams for the First Qualification, indicate which exams the Candidate must repeat ⁽⁴⁾:

☐ Basic questions by method (40)

☐ Basic materials and processes (10)

☐ Basic requirements EN4179/NAS410 (10)

☐ General method

☐ Method specific

☐ Inspection procedure/work instruction

(4) The Employer's Level 3R declares that the Candidate has addressed the gaps highlighted by ITANDTB following the failure of the examinations to be retaken and is therefore capable of taking the indicated examination.

Choice of CAE ITANDTB ⁽⁵⁾

☐ ATITECH SpA

☐ CND Service Srl

☐ Leonardo Aeronautics Division - Aircraft BU

☐ Azeta Infotec Srl

☐ FBR Control

☐ Secondo Mona S.p.A.

☐ Bytest Srl

☐ EMA SpA

☐ GE Avio Srl

☐ Baykar Piaggio Aerospace

☐ CFECND Scrl

☐ Leonardo Helicopter Division

☐ Thales Alenia Space

(5) In case of 1st Qualification: this choice must be made to carry out the examinations: Supplementary Specific and Practical Level 2 for the "employer based" approval of parts. In case of Renewal: the choice must be made for the execution of the practical exam and, if required by the Written Practice, the Supplementary Specific Exam.

Application Forms (To be signed by the candidate for acceptance)

Adherence to the Code of Ethics - ITANDTB 06

Candidate Signature

In accordance with the European Regulation (ex Art. 13 GDPR 2016/679) and the Privacy Code Legislative Decree 196/2003 and subsequent amendments, the signed request authorizes UNAVIA to process the personal data contained herein solely for purposes related to the request itself.

Candidate Signature

Acceptance and consent to use the form during audits of Bodies and Authorities

Candidate Signature

Request submission date

Candidate Signature

Employer's Level 3 Responsible Signature

Employer Signature (optional)

____/____/____
