	Application for certification of personnel in welding and brazing	
	CERTIFICATION OF WELDING AND TESTING, s.r.o. Dlhá 88D, 010 09 Žilina Business ID 51 673 159	Mark FO 12
		Version 2
		Valid from 2.10.2018

APPLICATION


for certification of welding and brazing personnel

Filed by Certification Body C-WT (CB C-WT)	
Received on:	
License number:	
Signature:	

Applicant details/certified person	
Name, surname, title:	
Date of birth:	Place of birth:
Number of identity card (ID, passport):	
Address of Residence	Street, number:
	town:
	Post code:
Tel./e-mail:	

Employer	
Company name:	
Address:	Street, number:
	Town:
	Postal code:
Business ID:	
Tax ID:	
VAT ID no.:	
Tel./e-mail:	

Required certification ¹⁾			
welder	STN EN ISO 9606-1	art. 9.3a ^(3 years) <input type="checkbox"/>	art. 9.3b ^(2 years) <input type="checkbox"/>
	STN EN ISO 17660-1 <input type="checkbox"/>		
	STN EN 12732+A1 <input type="checkbox"/>		
operator/resistance welding setter	STN EN ISO 14732	art.5.3a ^(6 years) <input type="checkbox"/>	art.5.3b ^(3 years) <input type="checkbox"/>
		art.5.3c <input type="checkbox"/>	
PED	Directive 2014/68/EU	yes <input type="checkbox"/>	no <input type="checkbox"/>

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Specific requirements of the applicant for CB C-WT (interpreter, foreign language tests, health, etc.)

Length of practice on pressure equipment - Directive 2014/68/EU (in the case of a PED application):

We hereby confirm that the applicant has carried out more than 60 working days of welding work in the manufacture of pressure equipment by the appropriate method over a period of 12 months. The period of this practice is not older than 5 years.

The data confirm:
 Manufacturer of pressure equipment
 Pressure equipment operator
 Authorized person

We confirm the veracity of these data:

In.....date.....

.....
 name, function and signature employer's representative, stamp


Statement:

I certify the truth of the data I have provided. At the same time, I declare that I was informed pursuant to Article 13 and 14 of the Regulation 2016/679 of the European Parliament and of the Council on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, (General Data Protection Regulation) on rights and information concerning the protection of my personal data.

I further declare that I will not provide confidential test materials to participate in a fraudulent way to get the test and to bring unauthorized devices to the place of examination.

I agree with the use of subcontracting services when evaluating NDT test samples.

In.....date.....applicant signature.....

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To the application is necessary to document:

1. valid welding license
2. proof of health
3. plastics welding personnel, one of the following documents:
 - proof of full secondary vocational education with graduation - Plastic Processor
 - confirmation of practice as a welder of plastics
 - proof of completion of the theoretical and practical training course in the field of plastic welding
 - photo in digital form
4. brazers / brazing operators:
 - confirmation of soldering practice
 - defined brazing procedure BPS
 - confirmation of completion of previous training
5. operators / weld setters for mechanized and automatic welding:
 - specification of the welding procedure
 - a synopsis of theoretical and practical training

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 Dlhá 88D, 010 09 Žilina
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Checking the application in terms of completeness of required documents:	yes	no
valid welding license	<input type="checkbox"/>	<input type="checkbox"/>
proof of health	<input type="checkbox"/>	<input type="checkbox"/>
documents under 3., 4. or 5. point	<input type="checkbox"/>	<input type="checkbox"/>
checking the ID card	<input type="checkbox"/>	<input type="checkbox"/>
photo in digital form (for welder of thermoplastics)	<input type="checkbox"/>	<input type="checkbox"/>
In Žilina, date..... Administrative worker CB C-WT		

Assessment of Certification Requirements:	satisfy	dissatisfy
valid welding license	<input type="checkbox"/>	<input type="checkbox"/>
proof of health	<input type="checkbox"/>	<input type="checkbox"/>
documents under 3., 4. or 5. point	<input type="checkbox"/>	<input type="checkbox"/>
In Žilina, date..... Supervisor for testing CB C-WT		

Decision to issue a certificate
On the basis of all prescribed conditions according to the appropriate certification scheme, test record and the results of the qualification test, Head of the CB C-WT decided
to issue / not to issue³⁾ certificate
Date:Head of CB C-WT
Test report no.:
Certificate no.:

Decision to issue a certificate PED
On the basis of all prescribed conditions according to the appropriate certification scheme, test record and the results of the qualification test, Head of the CB C-WT decided
to issue / not to issue³⁾ certificate PED
Date: Head of CB C-WT
Test report no.:
Certificate no.:

1) to be completed according to the standard used, mark with a cross where applicable

2) delete as appropriate