	<b>Application for certification of NDT personnel</b>	
	CERTIFICATION OF WELDING AND TESTING, s.r.o. Dlhá 88D, 010 09 Žilina Business ID 51 673 159	Denotation FO 08
		Version 2, Rev. 1
		Valid from 1.6.2021

## APPLICATION

### for certification of NDT personnel according to EN ISO 9712: 2012

<b>Filled by Certification Body C-WT</b>	
Received on:	
License number:	
Signature:	

Certification

Recertification

<b>Applicant details/certified person</b>	
Name, surname, title:	
Date of birth:	Place of birth:
Address of Residence	Street, number:
	Town:
	Post code:
Tel./e-mail:	
Education/school:	

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

Testing method	Level	Industrial sector	Product sector

Certification according to EN ISO 9712: 2012<sup>1)</sup>


yes

no

PED certification (Directive 2014/68/EU)<sup>1)</sup>

yes

no

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I apply for issuing certification card <sup>1)</sup>  yes  no

Choice of four NDT methods for the base part of test for certification in the 3rd level (Part C), with at least one volumetric method:.....

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

**Length of professional practice in the NDT method for which certification is required**

(only for unregulated sphere):

Testing method	Practice in months	Level (highest achieved)
visual testing VT		
liquid penetration testing PT		
magnetic particle testing MT		
radiographic testing RT		
digital and computer radiography RT-D		
ultrasonic testing UT		
ultrasonic testing by TOFD		
ultrasonic testing by Phased Array		
eddy current testing ET		
leak testing LT		
visual testing of thermoplastic welding joints VT-ThP		
evaluation of radiographs RT-R		
thickness measurement UT-T		

*Minimum requirements for length of practice are given in EN ISO 9712, the number of months of practice is stated at the date of the qualification test.*


**Activity overview in the NDT method for which the certification is required:**

**1. Practice done at the employer:**

At the period from-to: .....

Guarantee: .....  
name, surname, no. of certificate, method - level

Description of the work activities in which the applicant has gained experience and required knowledge (product types, NDT equipment and tools, working according to instructions, evaluation, creation of instruction):

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We confirm the veracity of these data:

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

.....

name, function and signature employer's representative, stamp


Graduate education (training, seminars) and participation in conferences:  
(name, date, range)

**2. The practice performed by another organization is completed by an authorized representative of the organization:**

Name and address of organization, contact: .....
.....
At the period from-to: .....
Guarantee: .....
name, surname, no. certificate, method - level
Description of the work activities in which the applicant has gained experience and required knowledge (product types, NDT equipment and tools, working according to instructions, evaluation, creation of instruction):
We confirm the veracity of these data:
In.....date.....
.....
name, function and signature employer's representative, stamp

**3. Length of practice on pressure equipment - Directive 2014/68 /EU (PED, only for a regulated sphere):**

We hereby confirm that the applicant has been performing over 60 working days of NDT pressure equipment testing over a period of 12 months. With a greater number of methods, at least 15 business days have been spent on each required method. Periods of this practice are not older than 5 years.

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<p>The data confirm:</p> <p>Manufacturer of pressure equipment <input type="checkbox"/></p> <p>Pressure equipment operator <input type="checkbox"/></p> <p>Authorized person <input type="checkbox"/></p>
<p>We confirm the veracity of these data:</p> <p>In.....date.....</p> <p>.....</p> <p>name, function and signature employer's representative, stamp</p>

**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.

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

To the application is necessary to document:

1. proof of completion of previous training <sup>2)</sup>
2. proof of sufficient visual ability
3. a copy of the highest education certificate (if it affects the extent of the training or the length of the required practice)
4. Photo in digital form (if you apply to issue a certification card)

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<b>Checking the application in terms of completeness of required documents:</b>	yes	no
proof of completion of previous training <sup>2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
proof of sufficient visual ability	<input type="checkbox"/>	<input type="checkbox"/>
a copy of the highest education certificate	<input type="checkbox"/>	<input type="checkbox"/>
activity information (in case of recertification)	<input type="checkbox"/>	<input type="checkbox"/>
checking the ID card	<input type="checkbox"/>	<input type="checkbox"/>
photo in digital form (in the case of a certification card)	<input type="checkbox"/>	<input type="checkbox"/>
In Žilina, date..... Administrative worker CB C-WT .....		

<b>Assessment of Certification Requirements:</b>	satisfy	dissatisfy
completed previous training <sup>2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>
proof of sufficient visual ability	<input type="checkbox"/>	<input type="checkbox"/>
activity information (in case of recertification)	<input type="checkbox"/>	<input type="checkbox"/>
In Žilina, date..... Supervisor for testing CB C-WT .....		

<b>Decision to issue a certificate</b>
On the basis of all prescribed conditions according to the appropriate certification scheme, test record and the results of the qualification test, the supervisor of the CB C-WT decided  <b>to issue / not to issue<sup>3)</sup> certificate</b>
Date: .....Head of CB C-WT .....
Test report no.: .....
Certificate no.: .....
Certificate card no.: .....

<b>Decision to issue a certificate PED</b>
On the basis of all prescribed conditions according to the appropriate certification scheme, test record and the results of the qualification test, the supervisor of the CB C-WT decided  <b>to issue / not to issue<sup>3)</sup> certificate PED</b>
Date: ..... Head of CB C-WT .....
Test report no.: .....
Certificate no.: .....

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- 1) mark with a cross where applicable
- 2) training must be completed in a training center with a certificate of competence
- 3) delete as appropriate