	Application for extension of certificate validity of NDT personnel	
	CERTIFICATION OF WELDING AND TESTING, s.r.o. Dlhá 88D, 010 09 Žilina IČO 51 673 169	Denotation FO 27
		Version 2, Rev.1
		Valid from 28.6.2021

APPLICATION

for extension of certificate validity of NDT personnel

in accordance to STN EN ISO 9712: 2012

Filled by Certification Body C-WT	
Received on:	
License number:	
Signature:	

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

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

Extension of certificate validity according to STN EN ISO 9712: 2012¹⁾ yes no

Required extension of certificate validity according to STN EN ISO 9712: 2012			
Testing method	Certificate		
	Level	Number	Issuing CB
visual testing VT			
liquid penetration testing PT			
magnetic particle testing MT			
radiographic testing RT			



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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 (B, C)			
visual testing of thermoplastic welding joints VT-ThP			
evaluation of radiographs RT-R			
thickness measurement UT-T			

Length of professional practice in the NDT method for which the extension of certificate validity is required:

Testing method	Sector	Practice in months
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		

The employer confirms hereby the continuous satisfactory work activity of the certified person without any significant interruption (STN EN ISO 9712, art.3.27) in the method and sector for which is required the extension of certificate validity.

<p>Hereby we conform the veracity of these data:</p> <p>In.....at.....</p> <p>.....</p> <p>name, function and signature employer's representative, stamp</p>
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Extension of PED certificate validity (Directive 2014/68/EÚ)¹⁾ yes no

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

<p>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.</p>
<p>The data confirm: Manufacturer of pressure equipment <input type="checkbox"/> Pressure equipment operator <input type="checkbox"/> Authorized person <input type="checkbox"/></p>
<p>We confirm the veracity of these data: In.....date..... 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.....

Attachment:

Proof of sufficient visual ability– FO 11
Copy of certificate to be extended

1) tick as appropriate



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IČO 51 673 169

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Version 2, Rev.1

Valid from 28.6.2021

Decision to extend the certificate validity

On the basis of evaluation of all submitted data and verifications the certified person

meets / does not meet* the conditions for extension of the certificate validity

Date:Head of CO

Certificate no.:

Decision to extend the PED certificate validity

On the basis of evaluation of all submitted data and verifications the certified person

meets / does not meet* the conditions for extension of the certificate validity

Date:Head of CO

Certificate no.:

* delete as appropriate