	<b>Application for certification of personnel in welding and brazing</b>	
	CERTIFICATION OF WELDING AND TESTING, s.r.o. Dlhá 88D, 010 09 Žilina Business ID 51 673 159	Denotation FO 12
		Version 2, Rev.1
		Valid from 22.9.2021

## APPLICATION

### for certification of welding and brazing personnel

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


<b>Filled by applicant /certified person</b>	
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:	

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

<b>Required certification (describe requested range of certification, standards...etc):</b>			
<b>Additional information <sup>1)</sup></b>			
Welder	STN EN ISO 9606-1	art. 9.3a <sup>(3 years)</sup> <input type="checkbox"/>	art. 9.3b <sup>(2 years)</sup> <input type="checkbox"/>
	STN EN ISO 17660-1 <input type="checkbox"/>	STN EN ISO 14555	<input type="checkbox"/>
	STN EN 12732+A1 <input type="checkbox"/>	Other (specify below)	<input type="checkbox"/>
Welder of thermoplastics	STN EN 13067 <input type="checkbox"/>		
Operator/weld setter	STN EN ISO 14732	art.5.3a <sup>(6 years)</sup> <input type="checkbox"/>	art.5.3b <sup>(3 years)</sup> <input type="checkbox"/>
		art.5.3c <input type="checkbox"/>	
Brazer	STN EN ISO 13585 <input type="checkbox"/>		
PED	Directive 2014/68/EU	yes <input type="checkbox"/>	no <input type="checkbox"/>

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

2) delete as appropriate

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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.

Confirmed by:

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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The application is necessary to document by:

1. welder - valid welding license
2. proof of health (form FO13), if required
3. plastics welding personnel, one of the following documents:
  - proof of full secondary vocational education with graduation - Plastics processor
  - employer's confirmation of practice as a welder of plastics (min. 2 years)
  - proof of completion of the theoretical and practical training course in the field of plastics welding (min. 40 hours)
  - photo in digital form
4. brazers / brazing operators:
  - confirmation of soldering practice
  - brazing procedure specification (BPS)
  - confirmation of completion of previous training (min. 40 hours)
5. operators / weld setters for mechanized and automatic welding:
  - welding procedure specification (WPS)
  - syllabus of theoretical (min. 20 hours) and practical training at equipment for which is requested certification (min. 20 hours)

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<b>Checking the application in terms of completeness of required documents:</b>	yes	no
valid welding license	<input type="checkbox"/>	<input type="checkbox"/>
proof of health	<input type="checkbox"/>	<input type="checkbox"/>
documents under 3., 4., 5. or 6. point	<input type="checkbox"/>	<input type="checkbox"/>
checking the ID card	<input type="checkbox"/>	<input type="checkbox"/>
photo in digital form (welder of thermoplastics)	<input type="checkbox"/>	<input type="checkbox"/>
In Žilina, date..... Administrative worker CB C-WT .....		

<b>Assessment of Certification Requirements:</b>	satisfy	dissatisfy
valid welding license	<input type="checkbox"/>	<input type="checkbox"/>
proof of health	<input type="checkbox"/>	<input type="checkbox"/>
documents under 3., 4.,5 or 6. point	<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 Head of the CB C-WT decided
<b>to issue / not to issue<sup>2)</sup> certificate</b>
Date: .....Head of CB C-WT .....
Test report no.: .....
Certificate 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 Head of the CB C-WT decided
<b>to issue / not to issue<sup>2)</sup> certificate PED</b>
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