	Application for extension of certificate validity of NDT personnel	
	CERTIFICATION OF WELDING AND TESTING, s.r.o.	Designation FO 27
	C-WT Certification body for persons	Version 3
	Dlhá 88D, 010 09 Žilina Business ID 51 673 169	Valid from 5.6.2023

APPLICATION

for renewal of NDT certificate validity in accordance with EN ISO 9712: 2022

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


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:	

NDT method	Level	Certificate number	Issued by

Renewal of certificate will be in the form of ¹⁾:

- ☐ practical examination according to appropriate certification scheme
- ☐ structured credit system according to EN ISO 9712: 2022, art. 10.2 and Annex C

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Continued satisfactory work activity

We hereby confirm continued satisfactory work activity of the certified person without significant interruption (EN ISO 9712: 2022, art. 3.38) in the method and sector for which certificate renewal is sought

Place.....date.....

.....
name, function and signature of employer's representative, stamp /self-employed person

Renewal of PED certificate PED (Directive 2014/68/EÚ)¹⁾ ☐ yes ☐ no

Length of experience 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.

The data confirms:

Manufacturer of pressure equipment ☐

Pressure equipment operator ☐

Authorized person ☐

Place.....date.....

.....
name, position and signature of the authorized representative of the organization, stamp

I apply for issuing certification ID card ¹⁾ ☐ yes ☐ no


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.

Place.....date.....applicant signature.....

The following must be attached to the application:

1. Confirmation about sufficient visual ability *FO 11*
2. Copy of the Certificate to be renewed
3. *FO 28 Evidence of continued satisfactory work activity*
4. *FO 52 Structured credit system* (if chosen for renewal)

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Checking the application in terms of completeness of required documents:	yes	no
Confirmation about sufficient visual ability	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the Certificate to be renewed	<input type="checkbox"/>	<input type="checkbox"/>
FO 28 Evidence of continued satisfactory work activity	<input type="checkbox"/>	<input type="checkbox"/>
FO 52 Structured credit system (if chosen for renewal)	<input type="checkbox"/>	<input type="checkbox"/>
In Žilina, date..... Administrative worker CB C-WT.....		

Assessment of certification requirements:	satisfy	dissatisfy
Evidence of sufficient visual ability	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the Certificate to be renewed	<input type="checkbox"/>	<input type="checkbox"/>
FO 28 Evidence of continued satisfactory work activity	<input type="checkbox"/>	<input type="checkbox"/>
FO 52 Structured credit system (if chosen for renewal)	<input type="checkbox"/>	<input type="checkbox"/>
In Žilina, date..... Head of examination CB C-WT		

Decision to renew certificate
Based on all the prescribed conditions according to the relevant certification scheme, the results of the practical exam or meeting the requirements of structured credit system, certified person
satisfy / dissatisfy* conditions for renewal of the certificate
Date: Head of CB C-WT.....
Test report No.:
Certificate No.:
Certificate ID card No.:

Decision to renew PED certificate
Based on assessment of provided evidences and documents, certified person
satisfy / dissatisfy* conditions for renewal of the PED certificate
Date: Head of CB C-WT.....
Certificate No.: