

INFORMATION

on the activity of the certified person in the NDT for the year.....

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

B. Activity Overview of Cert Employer	Job Position	Period from - to
No. certificate (valid in the given	Activity description	
year)	 types of tested products, used instruments, evaluation according to criteria, work according to instructions, drafting of instructions according to procedures, drafting of NDT procedures 	
		FIRMATION/SELF EMPLOYED PERSON



C. Graduate education (training, seminars) and participation in conferences (name, date, scope):

D. Complaints to my person regarding activities to the extent of which I am certified (the complainant, subject of complaint, method of solution):

E. Suggestions and comments:

I certify the truth of the data I have provided.

Place......date.....certified person.....

On the basis of the evaluation of the submitted data, we confirm the competence of the certified person to continue to perform activities within the scope of the original certification.

In Žilina, date.....Head of CB....