

A. Certified person
Name, surname, title:

Address of Residence

Date of birth:

Evidence of continued satisfactory work activity

CERTIFICATION OF WELDING AND TESTING, s.r.o. C-WT Certification body for persons Dlhá 88D, 010 09 Žilina Business ID 51 673 169

Designation FO 28
Version 1
Valid from 5.6.2023

INFORMATION

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

Place of birth:
Street, number:

Town:

Post code:				
Tel./e-mail:				
Education/school:				
B. Activity Overview of Certified Person's				
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			
EMPLOYER'S CONFIRMATION/SELF EMPLOY		ON/SELF EMPLOYED PERSON		



Evidence of continued satisfactory work activity

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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.
Placedatecertified 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, dateHead of CB