

Application for certification of non-destructive testing personnel

1. Applicant's details		2. Employer's details	
Title / acad. degree:	For initial applications, please attach photo here – taken not more than 10 years ago (or send it by E-mail).	Name of employer *:	
Family name*:		Family name, given name of supervisor or authorised individual *:	
Given name(s)*:		Street / Number*:	
Date of birth*:		Postal code / City *:	
Place of birth*:		Telephone / Fax*:	
Street / Number*:		E-mail of supervisor or authorised individual*:	
Postal code / Place of residence *:	Invoice address (if different):		
Telephone:			
E-mail:			

(*) **Mandatory information**

3. Invoice unit	Applicant <input type="checkbox"/> Employer <input type="checkbox"/>	PO no.:	VAT ID no.:
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4. Application for certification					
Certification pursuant to ISO 9712	Pressure Equipment Directive 2014/68/EU	Testing method / Level	Sector ¹⁾	Initial certification / Extension	Renewal / Re-certification
				Number of months of active NDT activity (Duration of experience) per method	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

¹⁾ If no other information is entered in this column, the certificates will be issued for the sector in which the qualification examination was performed, or that of the previous certificate.

5. A wallet card should be issued in addition to the certificate (DIN A4):	Yes <input type="checkbox"/> No <input type="checkbox"/>
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6. Proof of adequacy of eyesight pursuant to ISO 9712 Section 7.4 has been presented to the employer.
Date of last eyesight test _____

7. Annexes to the certification application
For initial certification, include the evidence of training hours

Addresses:

TÜV NORD Systems GmbH & Co. KG
 Certification Body for NDT Personnel
 Große Bahnstraße 31
 22525 Hamburg
 Germany
 Tel.: +49 (0)40 8557 2170
 or by email: ISO9712@tuev-nord.de

TÜV NORD Systems GmbH & Co. KG
 Certification Body for NDT Personnel
 Am Technologiepark 1, Building A6
 45307 Essen
 Germany
 Tel.: +49 (0)201 825 2754
 or by email: ISO9712@tuev-nord.de

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8. Applicant's declaration
<p>I declare</p> <ul style="list-style-type: none"> • that the information included in this application is accurate and true, • that I fulfil the requirements of the certification programm • that I will comply with and observe the professional ethical regulations for NDT Personnel (see Annex or http://www.tuev-nord.de/iso9712) of TÜV NORD, for the period of time that I hold a TÜV NORD Certificate, • that I will inform the Certification Body if the conditions are not (or, no longer) fulfilled for the validity of the certification, especially if the information in this certificate is or becomes erroneous, I do not (or, do not any longer) fulfil the conditions and physical aptitude necessary for the certification, or there is a change to any other information relevant to the certification. <p>I confirm, that the TÜV NORD Certificate</p> <ul style="list-style-type: none"> • may be suspended or revoked by the Certification Body if I violate the aforementioned rules, or it is determined that I do not (or, do not any longer) fulfil the conditions, • may be declared invalid, suspended or revoked without notice, particularly if: <ul style="list-style-type: none"> • procedures or content that vary from the testing and certification procedure is subsequently identified; • the public authority competent for the Certification Body did not issue any authority for the certification; • the public body issuing the relevant authority or the German Accreditation Body ("DAKKS") orders or demands that the certificate be revoked, declared invalid, limited or suspended; • the certificate is used for the purpose of misleading advertising or is otherwise misused; • the fees payable for the certification are not remitted within the agreed time period, due to circumstances not identifiable at the time of testing, the further use of the certificate is no longer tenable on the market in view of its meaningfulness or if I have modified and thereby falsified the certificate or copies made of it. <p>The certificate remains the property of the Certification Body.</p> <p>Following the deletion, suspension, limitation, declaration of invalidity or withdrawal of the certificate, I shall automatically lose the right to use the certificate and I shall return it without delay.</p> <p>I acknowledge that the certificate will be rendered invalid in the case of interruptions to my activities, if these exceed one year for one continuous period of time, or in the case of two or more periods with a total time period of two years.</p> <p>I acknowledge that the certification is not equivalent to the employer's authority to operate as a tester.</p> <p>I hereby indemnify and hold harmless the Certification Body or TÜV NORD from any liability for damage that could result from my activities as a certified individual or through the use of the certificate.</p> <p>I declare that I agree that the Certification Body may electronically store my personal data and the information concerning the certification in accordance with the requirements of ISO 9712, and that it may relay said information to an appropriate body to enable it to be examined by a third party.</p> <p>Unless special alternative agreements have been concluded, the Standard Terms and Conditions of TÜV NORD GROUP (cf. Annex or / https://www.tuev-nord.de/en/company/general-terms/) shall apply.</p>
Applicant
Date, signature
9. Declaration of the supervisor or authorised individual
<p>I confirm</p> <ul style="list-style-type: none"> • that I am the applicant's supervisor, employer or authorised individual, • or, as a self-employed person I assume the overall responsibility attributable to the employer in accordance with ISO 9712. <p>Regarding the applicant, I confirm:</p> <ul style="list-style-type: none"> • the accuracy of the periods of experience stated above and obtained under professional supervision for all initial applications and extensions pursuant to ISO 9712 No. 7.3, • or the continued NDT activities in the case of a renewal or re-certification pursuant to ISO 9712 No. 5.5.3, • and that the complete written documentation has been presented to the employer regarding the annual eye-sight test in the case of a renewal or re-certification in accordance with ISO 9712 No. 7.4.
Supervisor / authorised individual / self-employed person*
Date, signature, stamp
* If the applicant is self-employed or unemployed, the declaration must be additionally confirmed by at least one independent party (individual) accepted by the Certification Body.