

APPLICATION FOR CERTIFICATION



Data of the candidate

NAME, LAST NAME	PERSONAL CODE
BIRTH (DATE AND PLACE)	THE EMPLOYER
PERSONAL WELDER'S STAMP	THE STANDARD OF TEST
ADDITIONAL REQUIREMENTS	

Data of the certification

DATA ABOUT DESIRABLE CERTIFICATION	CONTROL TEST NO 1		CONTROL TEST NO 2	
Process of welding				
Plate or pipe				
Type of weld				
Group of the basic material				
Type of a filler material / mark				
Protective gas				
Additional material				
Thickness of the control sample, mm				
External diameter of a pipe, mm				
Position of Welding				
Weld details				
To the petition are enclosed WPS nr.				
Test of job knowledge	required	not required	required	not required

Additional data

PLACE OF CERTIFICATION	
DATE OF CERTIFICATION	ADDRESS
THE CONTACT PERSON	E-MAIL
CONTACT PHONE	

Signature of this petition, the applicant confirms that:

- have read and agree with the terms, with the amount and terms of payment, the terms of use the certificates, the terms of periodic confirmation / supervision;
NB! In the absence of periodic confirmation / supervision, the certificate becomes invalid.
- agree to electronic storage of data of the certification and ability to publish available data: name and surname of the welder, certificate number, expiry date of the certificate and range of the certification;
- has the right to appeal or complaint opportunity to declare, within reason, a request for accommodation of special needs.
- has opportunity to declare, within reason, a request for accommodation of special needs.

DATE:	THE SIGNATURE OF THE CANDIDATE:
DATE:	EMPLOYER / EMPLOYER'S REPRESENTATIVE SIGNATURE: