

APPLICATION FORM FOR CERTIFICATION OF A SPECIALIST IN THE FIELD OF NON-DESTRUCTIVE TESTING

	Applicant (candidate):		paying company		private person	
ЭС	Type of certification:	primary	renewal	extension	re-certification	
SOF						
Š	Training and exam*:		English	Russian		
	Certificate language:	Latvian	English	Russian	Other Lang.**:	

The "Organization" block is filled in completely if the applicant is a paying company, if the applicant is a private person, then it is necessary to fill in the contact information and information about the applicant's bank:

Organization	Full name:	
	Abbreviated name:	
	Legal address:	
	Registration number:	
	VAT registration number:	
	Bank name:	SWIFT code:
	Bank account:	
	Telephone number: + ()	Email:
	Name of the signatory of the contract:	Surname:
	Position of the signatory:	

We ask the Personnel Certification Body "TUV Nord Baltik" to carry out certification for method of non-destructive testing at the qualification level in accordance with the requirements of ISO 9712 of the candidate:

	Name (in Latin):		:			
	Date of birth (dd.mm.yyyy):	Personal identification code:				
	Position in the company:					
Ð						
idate	In the following certification area*:					
ndic	Production Sectors		Industrial sectors			
Can	t – pipes and pipelines	wp – wrought product	m – production of	s – pre-operating		
S	w – welded joints	f – forgings	metals	and operational control		
	c – castings		r – railway	a – aerospace		
	PED (Directive 2014/68/EU) is required:		Yes	No		
	Practical experience in declared NDT method:		days according to ISO 9712			

The applicant undertakes: 1) Pay the costs associated with the training of the specialist, the assessment of the level of his/her qualification, the issuance of a certificate and subsequent inspection control. 2) The applicant agrees to comply with the certification requirements and provide any information necessary to assess their qualifications. 3) The applicant is responsible for the authenticity of the information provided. 4) A candidate have the opportunity to declare, within reason, a request for accommodation of special needs.

	The specialist submits to the Certification Body:	Primary certification	Other Certifications
didate documents	Application signed by the candidate manager (the original)	~	✓
	2. Specialist personal card (the original)	~	✓
	3. Document on basic education (diploma, certificate, etc.) (copy)	~	~
	4. Certificates received earlier (originals and/or copies)		✓
	5. Document confirming the availability of special training in declared method (copy if any)	~	
did	6. Experience confirmation in declared method (the original)	~	
Can	7. Statement of uninterrupted service (the original)		~
	8. Ophthalmologist's visual acuity report (copy, valid for 1 year)	~	~
	9. Color photography on a white, uniform background (in digital format)	✓	✓

In accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the physical protection of persons with regard to the processing of personal data and on the free movement of such data, I consent to the processing of my personal data (name, surname, date, month and year of birth, personal code, position and place of work).

		-	
			(signature of the candidate)
Candidate Manager	/		 <i></i>
-	(signature)	(name and surname)	 (application date dd.mm.yyyy)

M 9922-003/F2/01.01.2024 SIA "TUV Nord Baltik" 1 (1)

^{*}The field of certification chosen by the applicant and the language of are determined in the contract of SIA "TUV Nord Baltik" and may differ from the one **If the applicant has expressed a desire to receive a certificate in another language, the cost and conditions are determined in the contract.