**TÜV NORD Czech, s.r.o.**

**Headquarters: Českomoravská 2420/15, Libeň, 190 00 Praha 9**

**Certification Body of Personnel no. 3197, accredited by ČIA, o.p.s   
acc. to. ČSN EN ISO/IEC 17024:2013 and registered by ICNDT,**

**under Multilateral Recognition Agreement, Master Schedule 2**

**(further only „certification body“)**

**1. PERSONAL DETAILS OF THE APPLICANT:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and surname: |  | | Title: | |  |
| Address: |  | | | | |
| Date of birth: |  | Place of birth: | |  | |
| Phone: |  | E-mail: | | @ | |

**2. DETAILS OF THE EMPLOYER:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer: |  | | | |
| Address: |  | | | |
| Contact person: |  | | Function: |  |
| Phone: |  | E-mail: | @ | |
| Company registration no.: |  | | | |

**3. REQUIREMENTS FOR THE CERTIFICATION:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Non-destructive testing method / technique (NDT) | Level | Sector | Initial certification\* | Renewal | Recertification\* | Extension\* | Revalidation\* | Approval acc. to the Directive 2014/68/EU |
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Notes:

**1) Product and Industrial sectors**

**c** =castings / **f** = forgings / **w** = welded products / **t** = tubes and pipes / **wp** = wrought products

**dsw** = direct visual testing of weld, restricted only to Level 2 and involving only direct visual inspection of welds

**RT-FI** = the certificationis restricted only to Level 2 and RT method. A person certified in Level 2 for NDT activity RT-FI has a restricted competence only for evaluating radiographs quality within the scope of the product sector, with the right to sign the Protocol on quality evaluation. Qualification and certification in this activity does not provide the person´s competence to take radiographs or set up and calibrate equipment.

**MM** – Metal manufacturing and processing, except testing of welds (c, f, t, wp)

**MS** – Multisector involving all operations (c, f, w, t, wp)

**PV** – Production and construction of equipment (w, t, wp)

**2) Renewal** – without examination at any time and up to 5 years after a successful initial certification or recertification

**3) Recertification** – based on examination or meeting other requirements up to 5 years after the certificate renewal

**4) Revalidation** – based on examination, at any time after significant interruption of NDT experience in particular method / technique

\*List of all approved examination centres is available on [www.tuev-nord.cz](http://www.tuev-nord.cz).

**4. REQUIREMENTS FOR THE CERTIFICATE / WALLET CARD:**

The certificate is required in language  English  German

Besides the electronic certificate original,

I also require:  printed hard copy

Besides the certificate, I also require:  wallet card

**Detailed information on e-certificate is available on www.tuev-nord.cz here** [**Electronic certificate**](https://www.tuv-nord.com/fileadmin/Content/TUV_NORD_COM/TUEV_NORD_CZECH/PDF/Electronic_certificates.pdf)**.**

**5. DECLARATION OF THE APPLICANT AND CODE OF ETHICS:**

I am aware of the fact that:

* the certificate is only valid for the duration of applicant´s continuity in application of the NDT method without significant interruption and steady visual abilities;
* the owner of the certificate is always the Certification Body. The certificate is bestowed to the applicant and such a person becomes the certificate holder.
* false information, misuse of the certificate or violation of the principles of professional ethics can lead to the withdrawal of the certificate. Misuse means also use of only a part of the certificate content, eventually the logo TÜV NORD Czech, s.r.o..
* I have the opportunity to submit request to the Certification Body for adaptation to my specific needs during certification process (e.g. language), in reasonable degree;
* the Certification Body accepts no liability for misusing or inappropriate use of the certificate by the applicant.

I undertake that I will:

* meet the relevant provisions of the applicable certification scheme and I will provide all necessary information for evaluation;
* at all times, be aware of and comply with the provisions / requirements of codes, regulations or standards under which I am working;
* not misuse nor use the certificate misleadingly;
* not undertake those non-destructive testing assignments for which I am not competent by virtue of my training, experience, qualification and certification;
* only sign documents which I have personal professional knowledge and/or direct supervisory control;
* engage, or advise the engagement of, such specialists as are required to enable testing activities to be properly completed;
* conduct myself in a responsible manner and utilise fair and equitable business practices in dealing with colleagues, clients and associates. Treat the customer as a partner and fully respect their needs and wishes.
* refrain from unethical acts which would discredit the certification scheme or bring the Certification Body into disrepute, and refrain from making statements that the Certification Body could consider misleading or unauthorised.
* inform immediately in writing the Certification Body about changes related to facts important for certificate issue and validity;
* inform immediately in writing the Certification Body about any perceived violation(s) of codes, regulations or standards;
* immediately inform in writing the Certification Body about any complaints or objections against my certificate;
* perform my professional duties with proper regard for the physical environment and the safety, health and wellbeing of the public;
* protect to the fullest extent possible consistent with the wellbeing of the public and the provisions of this code of ethics, any information given to me in confidence by my employer, colleague or member of the public;
* avoid conflicts of interest with the employer or client but, when unavoidable, forthwith disclose the circumstances to the employer or client;
* maintain my proficiency by updating my technical knowledge as required to properly practice NDT in the certified methods and levels;
* indicate to my employer or client any adverse consequences, which may result from an overruling of my technical judgement by a non-technical authority;
* immediately report to the Certification Body any attempt to pressure or force on me to violate this code of ethics;
* inform my employer in the event that my certification is suspended, cancelled or withdrawn.

I agree that:

* the Certification Body is entitled to require, for the needs of issuing the certificate or the wallet card, all the data necessary for my unambiguous and unmistakable identification in the scope required by the international code ISO 9712:2012. In case of not providing these data, the Certification Body is not authorized to issue the certificate. All the data is used by the Certification Body for the purpose of verifying the validity of the certificate.
* the Certification Body is entitled to keep my personal data acquired for the purpose of certification in the unnecessary scope for the purpose of possible litigations or other disputes and that is for the whole period of certificate validity and 10 years afterwards due to the longest possible term of limitation period to claims;
* the Certification Body is entitled to process my contact data (phone number and e-mail) and sensitive data on my vision ability only on the basis of my agreement and only for the time and purpose stated in this agreement;
* personal details stated in this application will be processed by the Certification Body personnel manually and automatically within the scope of their work activities;
* the Certification Body is entitled to provide my personal data acquired during the certification process, in necessary extent, to other party where it is required by accreditation rules of the Certification Body and legislation;
* the Certification Body is entitled to inform anybody who asks about the validity of the certificate;
* the Certification Body is entitled, only on the basis of my agreement, to provide the issued certificate to my employer;
* I have the right to access to my personal data processed by the administrator, especially the right for information on the purpose of the processing, scope of the processed personal data and recipient or recipients of my personal data, further on I have the right for correction and completion of my personal data, right to raise objections against processing, right for portability of my personal data, right for erasure of my personal data and the right to raise a complaint at the Office for Personal Data Protection.

Hereby I confirm that all the data is true.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Place | Date | Name and signature of the applicant |

**6. INFORMATION ABOUT EDUCATION AND INDUSTRIAL NDT EXPERIENCE:**

**A) HIGHEST EDUCATION LEVEL**

|  |  |  |  |
| --- | --- | --- | --- |
| Technical college or university: |  | From – to: | - |
| Subject of study: |  | Degree: |  |

*Note:*

1. *A copy of the qualification or graduation certificate shall be attached unless it has already been submitted to the Certification Body of Personnel.*
2. *It is required in case of application for certification in level 3 or when applying for training time reduction.*

**B) INDUSTRIAL NDT EXPERIENCE**

**B(1)**  **for initial certification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Method / technique / level: | / | / | / | / | / |
| Total number of months of experience in NDT method/ technique: |  |  |  |  |  |

*The length of industrial experience is based on a nominal 40h/week or the legal week of work. When an individual works excess of 40h/week, the employer shall prove this in writing.*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Place | Date | Function of the person confirming NDT experience in particular method/s / technique/s | Name, signature and stamp of employer representative confirming NDT experience in particular method/s / technique/s |

**B(2)**  **for renewal, recertification or revalidation**

The applicant holds certificate/s of the following NDT methods / techniques, levels and sectors:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NDT method / technique | Level | Sector | Certificate issued  by Certification Body\* | Date of issue | Certificate validity  from - to |
|  |  |  |  |  | - |
|  |  |  |  |  | - |
|  |  |  |  |  | - |
|  |  |  |  |  | - |
|  |  |  |  |  | - |
|  |  |  |  |  | - |
|  |  |  |  |  | - |

For certification renewal or recertification it is required to provide documentary evidence of continuous work activity without significant interruption, form F-CP-S918-040 Continuous work activity confirmation.

**B(3)**  **for approval according to the Directive 2014/68/EU – testing of permanent joints**

(obligatory only when applying for approval acc. to 2014/68/EU as additional requirement to confirmation in article B(1) and B(2) of this application)

It is hereby confirmed that the applicant has carried out NDT testing of pressure equipment for at least 2 months.

*This requirement is applied beyond the requirements of EN ISO 9712. If the applicant applies for the approval according to the Directive 2014/68/EU, the manufacturer, operator of pressure equipment or Notified Body within the terms of the Directive 2014/68/EU shall confirm the practice.*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Place | Date | Function of the person confirming NDT experience | Name, signature and stamp of the manufacturer/ operator/ NB representative |

**7. ORDER CONFIRMATION AND INVOICING:**

Invoice and Order confirmation issued to  Applicant  Employer  Examination Centre

Applicant/ employer agrees that the certification order will only be processed upon payment of the fees. The Certification Body of Personnel (COP) will issue a separate invoice.

|  |  |  |
| --- | --- | --- |
|  |  | , |
| Place | Date | Name and signature of the applicant/ Name, function, signature and stamp of the employer/examination centre representative |

**8. ANNEXES TO THE APPLICATION:**

**A) INITIAL CERTIFICATION:**

1 photography, passport size (if applying for the issue of the certificate as wallet card)

a copy of the certificate of the highest educational attainment (see Note 2 at article 6A of the application)

a certificate of completed training at a training centre approved by the Certification Body

a certificate of qualification test at an examination centre approved by the Certification Body

a certificate of visual ability (not older than one year), form F-CP-S918-039

agreement with processing of personal data, form F-CP-S918-038 *1)*

**B) RENEWAL:**

1 photography, passport size (if applying for the issue of the certificate as wallet card)

a certificate of visual ability (not older than one year), form F-CP-S918-039

certificates in NDT methods / techniques for which the applicant applies the renewal

agreement with processing of personal data, form F-CP-S918-038 (unless it had already been provided) *1)*

continuous work activity confirmation, form F-CP-S918-040

**C) RECERTIFICATION / EXTENSION/ REVALIDATION:**

1 photography, passport size (if applying for the issue of the certificate as wallet card)

a certificate of qualification test at an examination centre approved by the Certification Body   
 (for Level 3 it is possible to submit requirements for structured credit system, form F-CP-S918-024d)

documentation demonstrating continuous practical experience in particular method acc. to the certification program of COP (required only for Level 3)

a certificate of visual ability (not older than one year), form F-CP-S918-039

certificates in NDT methods / techniques for which the applicant applies recertification/ extension/ revalidation

agreement with processing of personal data, form F-CP-S918-038 (unless it had already been provided) *1)*

continuous work activity confirmation, form F-CP-S918-040 (applicable for recertification only)

*1) The agreement with processing of the personal data is required only from the EU applicants.*

**The filled in application, including the annexes, please send to:**

**TÜV NORD Czech, s.r.o., Naděžda Šašková, Šumavská 15, 602 00 Brno**

**E-mail:** [**saskova@tuev-nord.cz**](mailto:saskova@tuev-nord.cz)**; Phone: +420 543 213 148-50; +420 723 364 911**

All the application forms and annexes are available at [www.tuev-nord.cz](http://www.tuev-nord.cz).