

### 1. General Information

<b>Company Name</b>	
<b>Company Address</b>	
<b>Primary Contact</b>	
<b>Telephone</b>	
<b>Email</b>	

### 2. Certification issued by other Organisation Bodies

If yes, please specify the following:

Type of Certification	Certifying Body	Date of Issue	Date of Expiry

### 3. Information to support application for assessment

<b>3.1</b> Which part of ISO 3834 is being applied?		
Part 2:	Part 3:	Part 4:

<b>3.2</b> Description of the manufacturer's organisation structure, with details of the part of the organisation involved in welding related activities. Functions and number of personnel shall be indicated.		
Function	Total number of persons	Number of persons involved in welding activities

Please provide an organisation chart for the manufacturing unit, including welding co-ordination personnel.

Prepared by: C Gray	Reviewed by: S Brown	Authorised by: P Ward	Document ID: PC-W-021F002	Date: 14/09/2022	Revision: 1
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**3.3** Details of Welding Coordination Personnel (individuals detailed below will be required to take part in a professional interview as part of the Stage 1 Audit, these individuals will appear on your certificate)

Name	Position	Brief Description of Job Responsibilities	Technical Knowledge

(ISO/IEC 14731) Provide a description of the job responsibilities of the authorised welding co-ordinator(s).

**3.4** Type of Manufactured Product(s)


**3.5** Type of production:

By Product:	By Mass:
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**3.6** Standards and/or specifications applied

List of product standards and/or other specifications used

Standards for Welder and Weld Procedure Approval

**3.7** Maximum weight and size of product the manufacturer is able to handle?

Maximum Weight	
Maximum Size	

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3.8 Parent materials ( Reference to CEN/ISO/TR 15608 groups)			
Parent material (Group & Sub-Group)	Thickness Range	Parent material (Group & Sub-Group)	Thickness Range

3.9 Welding processes:		

<b>3.10 Use of Post Weld Heat treatment:</b>	Yes	No
Please define PWHT type		

3.11 Activities generally sub contracted: (e.g. rolling, PWHT, NDE, destructive testing, any welding activities)	
Activity	Supplier (Name and Location)

**3.12 Additional Information (Leave blank if none)**

Use the below to provide any further details you feel necessary or if there is not enough space in the above sections, list additional here.

Empty space for providing additional information.

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