**APPLICATION FORM**

**for certification of the specialist in non-destructive testing**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**an applicant - business, private entity: full name and post address, telephone)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

herewith requests Personnel Certification Body in the Field of Non-destructive Testing to conduct certification of the specialist’s competency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(surname, name, patronymic)

**in accordance with the standard**  EN ISO 9712:2022 / DSTU EN 4179:2017

(delete if not applicable)

**in \_\_\_\_\_\_\_\_\_\_\_\_\_\_method of testing for level\_\_\_\_\_\_\_\_\_\_\_\_\_\_qualification.**

Industrial sector, type of products:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(list of sectors and types of products)

Experience in the concerned method: \_\_\_\_\_\_\_\_\_\_\_\_\_ days in the industrial sector \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(list of sectors)

Enclosures:

1. A document on education – diploma (copy).

2. Copy of a Certificate in the concerned method with the remarks of the employer (if expanding the scope, getting recertification, or repeated certification).

3. A document on special training issued by a PCB-recognized training center, stamped or a copy of a qualification certificate (if available).

4. Certificate of eyesight condition.

5. Three photographs of 3х4 cm size.

6 List of methodological materials in the concerned NDT method developed by the candidate personally or in co-authorship (for qualif. level III)

**The employer guarantees payment of the costs of certification of the specialist and inspection control over his/her activities during the validity period of the certificate.**

**Head of organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(signature) (surname, name, patronymic)

**Chief Accountant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(signature) (surname, name, patronymic)

**Candidate for certification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(signature) (surname, name, patronymic)

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**Note.** 1. If a candidate wish to test all the types of products that are used in the concerned industrial sector, the sectors of the first group are not to mention, or “Main metal and weld joints in the sectors” shall be specified.

2. If a candidate wish to test specific types of products that are used in the concerned industrial sector, those types of products shall be specified (e.g.: casting, pipes etc.).

**AGREEMENT**

PERSONNEL CERTIFICATION BODY IN THE FIELD OF NON-DESTRUCTIVE TESTING «UkrSRINDT» PrJSC «UkrSRINDT» (hereinafter – the PCB), represented by the Head of PCB Opanasenko Anton Valeriiovych, and a certified specialist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(surname name, patronymic)*

have entered into this Agreement on the following:

**1. PCB:**

* issues the certificate and confirms that the information received in the process of certification is confidential and cannot be transferred to a third party, other than in cases provided for by law.
* Information about a valid certificate can be published in the media.

**2. Certified specialist:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(candidate’s full name)

\_\_\_\_\_\_\_\_ competency level in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ method of non-destructive testing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(home address, date and POB)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**shall**:

* comply with the requirements of the standard EN ISO 9712:2022 / EN 4179:2017

(delete if not applicable)

during the validity period of the certificate

* conduct testing only by the NDT method and in the industrial sectors for which he/she was certified and which are specified in the permit
* not use the certification in a way that discredits the PCB and shall not make statements regarding the certification that the PCB could consider misleading or unauthorized
* in case of revocation of certification, terminate certification applications that contain any reference to the PCB or its certification system and return the corresponding certificates issued by the PCB
* not use the certificate and the permit in a way that is misleading
* keep records of all complaints about the work related to the scope of the certificate
* Timely, within one month, inform the PCB about change of place of work and residence

A certified specialist releases the PCB from liability in relation to complaints and appeals that may arise as a result of acting as a certified specialist.

A certified specialist does not object to the fact that confidential information (surname, name, patronymic, certification results) will be published in the public press, and also agrees with the requirements for inspection supervision of professional activities as a certified specialist by the PCB.

**Certified specialist**  **Head of PCB “UkrSRINDT”**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(surname, name, patronymic)***

|  |  |  |
| --- | --- | --- |
|  | Please sign in the box provided.  Thissignature will be included in your certificate. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ А.V. OPANASENKO |

***(signature)***

“\_\_\_\_”\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ “\_\_\_\_”\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ .

CERTIFICATE FOR SUBMISSION TO THE PCB

On the results of the eyesight state check for compliance with the established requirements for performing non-destructive testing

(surname, name, patronymic and year of birth of a person passing the medical check-up)

1. **According to the results of the check-up, visual acuity** corresponds (see the marked with a cross)

|  |  |  |  |
| --- | --- | --- | --- |
|  with corrective lenses | without corrective lenses |  with corrective lenses | without corrective lenses |
| **Near = 1,0** | | **Distance = 0,8** | |
| Right Eye | Left Eye | Right Eye | Left Eye |
|  yes   no |  yes   no |  yes   no |  yes   no |

1. **According to the results of the colour perception test** (see the marked with a cross)

|  |  |  |
| --- | --- | --- |
| Ability to distinguish colors is normal |  yes |  no |
| Ability to distinguish shades of gray is normal |  yes |  no |

Date of medical check-up: ”\_\_\_\_\_” \_\_\_\_\_\_\_\_\_\_ 20\_\_\_.

Ophthalmologist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(surname, name, patronymic) (signature)

stamp here

**CERTIFICATE**

Issued to

*(Surname, name, patronymic)*

to certify that he/she work (-ed) at

*(name of the organization, address)*

as a

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| and performed works in | |  |  |  | of non-destructive testing |
|  |  |  |  |  |  |
|  |  |  | *(designation of NDT method)* | | |
| from |  | to |  | (or in the present tense) | |
|  | *(day, month, year)* |  | *(day, month, year)* | | |

The Certificate is issued to serve and avail as occasion may require.

Head of department

*(name of the department)*

« » 20

*(signature)* *(surname, name, patronymic.)*

Head of HR department

« » 20

*(signature)* *(surname, name, patronymic)*

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