

Date of application:

SECTION A - Personal and contact data of the Applicant

Name, Surname, Father's name	
ID document number	Personal ID number
Date of birth	Address - street, No
Place of birth	ZIP-code, city, country
Mobile, Telephone	e-mail

SECTION B - Client (the entity that will pay the certification procedure)

<input type="checkbox"/> A legal entity (a company)	<input type="checkbox"/> Physical entity (a person)	Address of registration	Address for correspondence (if different)
Name of the company	Name, Surname	ZIP-code, city, country	ZIP-code, city, country
Responsible person	Personal ID number	Street No	Street No
VAT No	Mobile, Telephone	Mobile, Telephone	Mobile, Telephone
	Invoicing e-mail	Invoicing e-mail	e-mail

SECTION C – Certification procedure applied - type, form and scope:

Certification procedure – type, form and codes*:

1: New certification (all levels); **2: Renewal** after each 5-th year, all levels, by exam; **3: Renewal** after each 5-th year, all levels, by the Structured credit system; **4: Recertification** after each 10-th year, Levels 1 or 2, by exam; **5: Recertification** after each 10-th year, Level 3, by exam for Level 2 and exam for Level 3; **6: Recertification** after each 10-th year, Level 3, by exam for Level 2 and Structured credit system for Level 3; **7: Recertification** after each 10-th year, Level 3, by Structured credit system for Level 2 and exam for Level 3; **8: Recertification** after each 10-th year, Level 3, by Structured credit system for both Level 2 and Level 3; **9: Re-issuing of a certificate** – after validity recovery, correction, issue of a copy

Certification scope applied – methods, levels, industrial or product sectors (Please, mark your desired Industrial sector (m, s or r), or one or more Product sectors (c, w, f, t, wp):

Method	Level	Code*	Industrial \m, s, r \ or Product sector(s) \c,w,f,t,wp\	Method	Level	Code*	Industrial \m, s, r \ or Product sector(s)

Submitted valid documents related to the application scope, as follows:

Type of document (a certificate or exam testimony)	Document number	Issued by	Method	Level	Scope	Expiry date dd/mm/yyyy

Desired language:	Bulgarian	English	Other (after consent of the Certification body, and subject of additional payment)	A badge to be issued (in English; at extra cost): <input type="checkbox"/>
For the exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For the certificate (in A4 format), (included in the cost)	<input type="checkbox"/>	<input type="checkbox"/>		

Notes of the Personnel certification body

SECTION D - Basic education and NDT training of the Applicant

D1 Basic education

Institution: _____

Speciality: _____

Period (from-to): _____

Document

obtained (kind): _____

Document №: _____

Date of issue: _____

D2 Professional training in Non-destructive testing

Method	Level	Industrial and/or Product scope	Training Institution	Duration in days (theory + practice)	Trainer(s) name(s)

Reduction of the training applied in accordance to item 7.2.5. of EN ISO 9712:2021:

- | | |
|---|--|
| <input type="checkbox"/> No reduction applied | <input type="checkbox"/> For application of several surface methods simultaneously |
| <input type="checkbox"/> Related to the basic education | <input type="checkbox"/> For limited scope certification |

SECTION E- Applicant's consent to abide by the certificate validity conditions

I declare that I agree with the following:

- The certificate remains valid only in case of continuous practice, physical ability and abidance by the Ethical Code. In case of lack of any of these conditions, it becomes invalid;
- To immediately notify the Personnel certification body and my employer if my certificate validity maintenance requirements cease to be fulfilled;
- To refer to my certificate only in its scope and to use it in a way not discrediting the image of the Personnel certification body and of TÜV Rheinland;
- Not to use the certificate in a misleading or deceiving manner and to submit true and full information concerning the certification;
- To immediately report to the Personnel certification body and to store the information about any complaints and claims directed to me in my certification scope. If my certificate gets withdrawn, I have to return it to the Personnel certification body in original in all its forms. I such case I shall no more apply any rights arisen from the certificate and shall stop referring to it or to the Personnel certification body;
- To abide by the Personnel certification body requirements and rules in the course of the certification procedure;
- I agree the Personnel certification body to collect, operate with and store the information, necessary for the certification purposes, like personal identification data, data about the employer and the certification, and others relevant;
- To pass yearly examination for vision acuity and to submit the document to the Personnel certification body upon request;
- My certification status (scope, validity, ceasing, withdrawal, Ethical Code violence) to be publically announced by the Personnel certification body;
- I take the commitment to timely start a procedure for renewal of my certificate or for re-certification (in the terms and according to the rules described in the standard).
- (Only when applying for certification accredited by Bulgarian Accreditation Service) I am acquainted with the rules of using the sign of the Bulgarian Accreditation Service and take the commitment to abide by them.

Applicant:

Name, surname:..... Place..... Date Signature.....

SECTION F - Declarations

Note: Each declarant is responsible for the veracity of his/her declaration.

Declaration of the Applicant:

I declare that all data in this application form are true. I release the Personnel certification body from responsibility for any claims that could arise from the misuse or from illegal or unprofessional use of the certificate.

Applicant:

Name, surname

Place

Date

Declaration of the Employer:

I take the commitment of Employer as per EN ISO 9712:2021. I declare that all data about the Applicant, approved by me in this application form, are true.

Employer:

Name, surname of the representative

Place

Date

Declaration of the Client:

I accept to pay the certification procedure(s) as per this Application. I accept that the certificate would be issued after the entire fee payment only. In case of negative decision for certification or if the certificate would be withdrawn, I will not have any monetary claims towards the Personnel certification body.

Client:

Name, surname

Place

Date

Declaration of the Observer(s):

I declare that I have the qualification required in order to be an Observer of the above Applicant, and am ready, upon request by the Personnel certification body, to provide evidence of this. I declare that the data about the practical experience of this Applicant, confirmed by me in this application form, are true.

Observer 1:

Name, surname

Place

Date

Signature

Observer 2:

Name, surname

Place

Date

Signature

Observer 3:

Name, surname

Place

Date

Signature

Observer 4:

Name, surname

Place

Date

Signature

SECTION G - CODE OF ETHICS OF OPERATORS AND TECHNICAL EXPERTS IN NON-DESTRUCTIVE TESTING

As a NDT operator or expert, I am committed to abide by the following rules:

1. To perform the non-destructive tests in a responsible and professional way and only within the scope of my competency;
2. To always apply and in my work appropriate and valid normative documents: laws, regulations, standards, ordinances, working procedures, codes etc.;
3. To maintain, increase and extend my professional qualification by self – training, participation in seminars and specialized professional training's;
4. Not to perform tests and not to make evaluations in cases of conflict of interests or under dependency or pressure of any kind;
5. Not to sign or not to other ways participate in issuing of untrue testing reports or documents, without performance of the recorded tests or when I do not have the necessary competency, even out of the certification scope;
6. To follow and to abide by, without deviations or compromises, the normative requirements for safe work that could affect me personally, the persons led by me or the surrounding persons;
7. To do everything possible to avoid and prevent from breakdowns (to include radiation ones) and to avoid damages or impacts on persons, technical resources, fauna or environment;
8. Not to contaminate the environment with materials, waste or radiations and to endeavor for working in an energy saving manner;
9. To ensure confidentiality in accordance to the information obtained by clients and employers;
10. To inform the client and the employer about possible consequences in case I witness a not professional performance of the test or exceeding of authority by incompetent persons or institutions.

I ACCEPT THE ABOVE CODE OF ETHICS.

Applicant: _____

Name, surname

Place

Date

Signature

SECTION H.1 - VISUAL ABILITY – NEAR VISION ACUITY

(This block is to be filled in by the entity performing the near vision acuity test)

Requirement of EN ISO 9712:2021 (item 7.4.2): “Prior to certification, and annually thereafter, near vision acuity shall be verified to be in accordance with the requirements of ISO 18490 or shall permit reading a minimum of Jaeger number 1 or Times Roman N4.5 or equivalent letters at not less than 30 cm with one or both eyes, either corrected or uncorrected”.

Applicant Mr./Mrs. _____
Full name _____ Personal ID No _____
Date of birth: _____ Place of birth: _____

Result of the near vision acuity test:

Test method applied:

Jaeger No 1 Times Roman No 4.5 According to ISO 18490 Other (pls. specify):.....

Auxiliary means for vision correction:

are not necessary are necessary (please, describe):.....

CONCLUSION: With one or both eyes, either corrected or uncorrected, the near vision:

IS satisfactory IS NOT satisfactory

Visual examiner Name, signature, stamp):..... Place, date:.....

SECTION H. 2 - VISUAL ABILITY - COLOUR VISION

Requirement of EN ISO 9712:2021 (item 7.4.3): “Prior to certification, recertification or renewal, the candidate/certificate holder shall demonstrate that a color vision test has been administered within the previous 5 calendar years”

Applicant: Mr. /Mrs. _____
Full name _____ Personal ID No _____
Date of birth _____ Place of birth _____

Block H.2.1 Employer’s requirements about the colour vision of the Applicant

(This block is to be filled in by the Employer)

In order to assure that the Applicant will be able to distinguish and differentiate between the colours or shades of grey used in the NDT methods/techniques applied, I declare that:

I have no specific requirements towards the test system applied to prove the Applicant’s colour vision; the test system selection to be at the discretion of the visual examiner.

I have the following specific requirement: the Applicant must distinguish and differentiate contrast between colors or shades of grey in accordance to:

Dr. Kölbl Ishihara SKERIK scale Other (please specify): _____

Employer: _____
Name, surname of the Employer _____ Place _____ Date _____ Signature _____

Block H.2.2

Result of the colour vision test:

(This block is to be filled in by the entity performing the colour vision test)

Test method applied (please specify): Dr. Kölbl Ishihara SKERIK scale Other (specify):

Colour vision **IS IN LINE** with the
Employer's requirements as specified above

Colour vision **IS NOT IN LINE** with the Employer's
requirements as specified above

Place date:

Visual examiner: _____
Name, signature, stamp

Block H.2.3

Employer's statement

(Only in case of deficiencies in the colour vision revealed, his block is to be filled in by the Employer)

The above results of the color vision test impose the following limitation(s) to the method / specific techniques:

No limitations

Limitations for: Method(s):, Technique(s):

Method(s):, Technique(s):

Place, date: Employer (name, signature):

SECTION K - Practical experience in NDT for initial certification) or NDT activity (for renewal or recertification)

Method	Level	Sector(s) (product, industrial)	Information about the practical experience (for initial certification) or about the NDT activity (for renewal or recertification - type, scope, tested subjects, NDT technique ¹ , products, standards / codes applied)	NDT experience duration (for initial certification), or NDT performance period (for renewal or recertification, for each certification year)			Person that can confirm the practical experience (for initial certification – an Observer ²) or the NDT activity (for renewal or recertification)			
				from: mm/yyyy	to: mm/yyyy	No of months	Name and qualification (method, level, scope)	Document proving the qualification (No, date, issued by, validity)	Contact data (telephone and e-mail)	Signature

1. The specific techniques for application of the method (for example, “Immersion” for UT) ;
2. One or more persons that have supervised the acquaintance of NDT practical experience by the Applicant for initial certification. The Observer(s) must have a certificate for the same or higher level in the scope sought, or to present evidence documents for equivalent qualification, that could be accepted or rejected, at the discretion of the Personnel certification body. For VT, welding engineers are admissible as Observer.
3. If necessary, please add rows or a page.

Date:

Name of the Applicant:

Signature:

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