

APPLICATION

FOR CERTIFICATION OF NDT SPECIALIST

_____ (company or person)

_____ (applicant's address)

Tel.: _____ Fax: _____ e-mail: _____

write in RTC Testing and diagnostics to certify

_____ (Name of candidate)

according to (put \surd):

ISO 9712:2012

on _____ NDT method
level _____

Sector (ISO 9712:2012):

Practical experience on particular NDT method _____ years.

Applicant is obliged to pay any expenses related to certification including issue of certificate as well as surveillance.

Attachments:

1. Copy of diploma of basic education.
2. Visual acuity certificate.
3. Documentary evidence of practical experience issued by employer.
4. 4 color photos (3x4).
5. Payment confirmation.

Manager of the company _____ «____» _____ 20

Stamp