|  |  |  |
| --- | --- | --- |
|  **Date of application: ……………………………….** |  |  |
| **SECTION А - 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)** |
| **[ ]  A legal entity (a company)** | **[ ]  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 Industrialsector (**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) \c,w,f,t,wp\** |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| **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**)** |  |
| For the exam | **[ ]**  | **[ ]**  | **[ ]**  | **A badge to be issued** (in English; at extra cost): **[ ]**  |
| For the certificate (in A4 format), (included in the cost) | **[ ]**  | **[ ]**  |  |  |  |
| **Notes of the Personnel certification body** |
|

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| **SECTION D - Basic education and NDT training of the Applicant** |

 |  |  |  |  |  |
| D1 Basic education Institution: |  | Speciality: |  | Field for notes of the Personnel certification body |
| 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:**  |
| **[ ]**  | No reduction applied  | **[ ]**  | For application of several surface methods simultaneously |  |
| **[ ]**  | Related to the basic education  | **[ ]**  | 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, l 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 |  | Signature |
| **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 |  | Signature |
| **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 |  | Signature |
| **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 ordocuments, 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 leaded 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 |

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| **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:………………………… |  |

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| **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** |
|  |  | Visual examiner: |  |  |
|  | Place date: |  | 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):** ………………………………………………………

|  |
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| **SECTION К - 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 technique1, 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 Observer2) **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:

 ............................ ……............................................................... .........................