Certification Order

TÜV NORD Systems GmbH & Co. KG
Certification Body for NDT-Personnel
Langemarckstr. 20
45141 Essen
GERMANY

Contact: Mrs. Bettina Musiol
Tel.: +49 201/825-2688 · Fax: +49 201/825-2861
E-Mail: NDT-personnel@tuev-nord.de

INSTRUCTIONS

Complete this application and submit it with all applicable attachments to Ms. Bettina Musiol at the address shown above. All fees are in Euros (€) and payment must be by check (payable to: TÜV NORD Systems GmbH & Co. KG) or wire transfer after receiving an invoice; credit cards are not accepted.
To receive a copy of your ACCP examination results (see page 2, Documentation Checklist), download fill out and sign the "Request for ACCP Results" form from the ASNT website.

Personal Data

Name _____ Title: _____
Surname First Name

Address _____
Street name/number City/State Postal Code Country

Telephone Number _____ Fax _____

E-Mail Address _____

Company Data

Business Name _____

Business Address _____
Street name/number City/State Postal Code Country

Business Telephone Number _____ Fax _____

E-Mail Address _____

Certifications

I wish to apply for Approval in the following NDT test methods to meet PED requirements:

- ☐ **MT level II** Technique: ☐Yoke
- ☐ **PT level II** Techniques: ☐Solvent Removable ☐Water-Washable ☐Post-Emulsifiable ☐All
- ☐ **RT level II** Techniques: ☐Gamma Only ☐X-ray Only ☐Both
- ☐ **UT level II** Technique: ☐Straight & Angle Beam (welds)

Fees (all fees in Euros: €)

First Test Method	€130.00
Additional Methods (number of additional methods _____ x €110.00)	
Wallet card (optional)* €35.00	
* All certificated test methods are summarized on one card TOTAL	€

Documentation Checklist (All items are to be completed and/or attached to this application)**:**

- [ ] Copy of your currently valid ACCP certification card
- [ ] 2 Passport photographs (only necessary if requesting a wallet card)
- [ ] Industrial NDT experience form (page 3)
- [ ] Current (within 12 months) Jaeger J-1 visual acuity eye test form (page 4)
- [ ] Copies of certificates for the participation in NDT training (for **initial** PED Approval only)
- [ ] Copies of examination results (These can be ordered from ASNT; see Instructions on page 1)
- [ ] Formal education qualification or graduation certificate (see Part B, page 3)

Candidate's Declaration

The candidate acknowledges that:

- the certificate is only valid for the duration of the applicant's NDE activity and physical suitability;
- interruptions in the NDE activity lasting more than one year renders the certificate invalid;
- supplying false information, misuse of the certificate or violation of the principles of professional ethics can lead to the withdrawal of the certificate.

The candidate agrees that:

- the certification is made public;
- name, date of birth, place of birth and the issued certificate are electronically stored;
- the certification body obtains all information relevant to the certification;
- he will notify the certification body of all complaints raised against his certification without delay.

The applicant hereby indemnifies the certification body from any claims which might result from improper use or misuse of the certificate.

I declare that all information hereby submitted is to my knowledge true.

Candidate:

(Keep signature entirely within the box)

Place Date Signature of candidate

The customer (employer) acknowledges that the certification order will be processed only upon payment of the fees that are charged to the customer when we submit our order confirmation. Should the application be turned down or the certificate withdrawn, the customer is not entitled to a reimbursement of the fees paid.

Customer (Employer) _____ Printed Name _____ Signature

_____ Place _____ Date _____ Title

Evidence of Industrial NDT Experience

A. Personal Details

Surname: _____ First name: _____ Title: _____

Date of birth: _____ Place of birth: _____

B. Education

Vocational training: _____ from / to: _____ / _____

Qualification/Graduation: _____ Date: _____

(a copy of the qualification or graduation certificate is to be attached)

C. Industrial NDT Experience

☐ for initial certification

NDT method :	MT	PT	RT	UT
Number of months of NDT activity:				

☐ for recertification or renewal

We hereby confirm that the candidate has worked satisfactorily in the NDT methods for which renewal is requested during the following period without significant interruptions:

from : _____ to: _____

from : _____ to: _____

Employer attestation:

By signature below, I attest that the information provided on this application is true and correct to the best of my knowledge.

PRINTED NAME	SIGNATURE / STAMP	DATE

Certificate of Eyesight*

Applicant Name _____ _____

Surname Middle Initial First Name Date of Birth

Address _____

Street name/number City/State Postal Code Country

Company Name _____

Address _____

Street name/number City/State Postal Code Country

The following minimum requirements regarding eyesight are hereby certified:

1. Near Visual Acuity:

In the near sight test the individual must be able to read at least the Jaeger number 1 letters at a distance of not less than 30 cm - or equivalent - with at least one eye with or without a seeing aid.

☐ Meets without correction ☐ Meets with correction ☐ Does not meet

2. Adequate colour sight (Ishihara colour plates or equivalent)

☐ Meets ☐ Does not meet

_____ _____

Date Doctor's signature / Stamp

* A copy of the Jaeger J-1 eye test form used for your ACCP recertification may be used ***if signed by an Optometrist or other Medical Doctor.***.