TÜV CERT-Certification Body for NDT-Personnel of
TÜV NORD Systems GmbH
Mrs. Bettina Musiol
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E-Mail: NDT-personnel@tuev-nord.de

Certification Order (Level III) acc. to PED 97/23 EC		
NDT Method	**Renewal**	**Fees (65 € per method)**
MT 3	☐	**€**
PT 3	☐	**€**
RT 3	☐	**€**
UT 3	☐	**€**
Wallet card (optional) **35 €**		**€**
Application Fee		**190 €**
TOTAL		**€**

Customer (payment by): Candidate ☐ Employer ☐

Personal details (Certificate No.: .....)

Surname		First name		Title	
Phone		Fax		E-Mail	
Address		Post code, Residence			
Date of birth		Place of birth			
Company/Institute					
Address		Post code, Residence			
Phone		Fax		E-Mail	

Annex to the certification order (Certificate No.: .....)

- [ ] 2 Passport photographs (only necessary for a wallet card)
- [ ] Certificate of eyesight (not older than 1 year)
- [ ] Industrial NDT activities (form)

Candidate's declaration

The candidate acknowledges, that
- the certificate is only valid fort he duration of applicant's NDE activity and physical suitability;
- interruptions in the NDT activity lasting more than one year render 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 certificate is made public;
- Name, date of birth, place of birth and the issued certificates 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 candidate hereby indemnifies the certification body from any claims which might result from improper use or misuse of the certificate.

The candidate declares that the work activity confirmed in the annex does not include significant interruptions, meaning either a continuous period of more than one year or two ore more periods for a total time exceeding two years (legal holidays or periods of sickness or courses of less than thirty days are not to be taken into account).

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

Place Date Signature of candidate

Customer's declaration

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 Should the applicant be turned down or the certificate withdrawn, the customer is not entitled to a reimbursement of the fees paid.

Place Date Signature/Stamp of customer

Industrial NDT Activities

A. Personal Details

Surname:		First name:		Title:	
Date of birth:		Place of birth:			

B. Confirmation by the Employer

We hereby confirm a continued NDT activity on the part of the applicant:

NDT Method	from	to

Employer _____

Place Date Signature / Stamp

Certificate of Eyesight

for Mr./Mrs. .....

Date of birth.....

Postcode .... Residence ..... Country .....

Company/Institute.....

Address .....

Postcode .... Place ..... Country .....

The following minimum requirements regarding eyesight according to DIN EN 473 are hereby certified:

1. Near sight: 1,0

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.

2. Adequate colour sight

e.g. according to Ishiara

A seeing aid is □ necessary □ not necessary

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Date Signature of oculist, optometrist or other medically recognized person