

APPLICATION

for examination and certification of personnel for permanent joining

Company / Applicant: _____
Address: _____
City: _____ ZIP code: _____
UIC / VAT No.: _____ Manager: _____
Tel.: _____ Fax: _____
Web: _____ E-mail: _____
Contact person: _____

Please perform the examinations in accordance with the attached list and the requirements of the following standards:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> EN ISO 9606-1:2017 | <input type="checkbox"/> EN ISO 9606-2:2004 | <input type="checkbox"/> EN ISO 9606-3:1999 | <input type="checkbox"/> EN ISO 9606-4:1999 |
| <input type="checkbox"/> EN ISO 9606-5: 1999 | <input type="checkbox"/> EN ISO 14732:2025 | <input type="checkbox"/> EN ISO 13585:2012 | <input type="checkbox"/> EN 13067:2020 |
| | | <input type="checkbox"/> ISO 13585:2021 | |

Requested examination : **theoretical** **practical**
Requested certification: **initial** **validity extension**

Method for prolongation of validity according to **EN ISO 9606-1:2017**:

according to **9.3a** according to **9.3b** according to **9.3c**

Method for prolongation of validity according to **EN ISO 14732:2025**

according to **6.3a** according to **6.3b** according to **6.3c**

The personnel has the following training qualifications: welding brazing

has undergone training in a licensed examination centre in accordance

The personnel will work in the following regulated area (*pressure equipment/steel construction etc*): _____

Requested/proposed date for examination: _____

Please of examination: _____

Additional requirements: _____

(Place, Date)

(Signature, stamp)

* This document can be signed with a qualified electronic signature, or signed and printed

Decision on performance of the certification procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____
(Place, Date)		(Signature)
to be completed by PCB TÜV Rheinland Bulgaria EOOD		

* PCB – Personnel Certification Body with TUV Rheinland Bulgaria EOOD

Participants List
 for performance qualification of personnel for permanent joining

No	Name, Last name	Date and place of birth	Requested qualification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

No	Training / qualification document - Registration No / Issue Date / Training Organization
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

Declaration of commitments

The contracting authority is aware of the following:

- The originals of valid certificates of competency of the staff who will pass the exam must be provided to the examiner before the examination begins.
- The certificate remains valid for a period specified by the relevant standard to which it was issued, but only when performed by the holder;
- If the activity is suspended for more than six months, the certificate loses its validity;
- On serious grounds to call into question the skills and / or knowledge of the welder, the Contracting Authority is obliged to inform the Certification Body by accompanying the information with evidence. Upon confirmation of the information, the certificate is declared invalid;
- In case of incorrect data, misuse of the certificate or violation of professional ethics, the certificate is declared invalid;
- Certified persons are obliged to keep and provide information to the certification body about any claims made against them within the scope of their qualifications.

Applicant:

Last Name

Signature

I declare that I agree:

- to comply with the requirements and rules for certification of the certification body of persons for the execution of indivisible connections;
- my certification to be made public on request;
- the name, place and date of birth, as well as the details of the certification awarded, to be stored electronically;
- to refer to the certificate only within its scope and to use it in such a way that I do not discredit the name of the certification body or TUV Rheinland Bulgaria EOOD;
- not to use the certificate in a misleading or misleading manner;
- the certification body to collect and store complete information concerning the certification (personal identification data, employer and certification data);
- all objections to my certificate issued to me to be communicated to the PSB immediately. If my certificate is revoked, I will immediately return it in all its forms, do not use the resulting rights and terminate the reference to it or to the PCB.
- to provide correct and complete information in regards to the certification;
- to comply with the rules for use of the EA BAS logo and the reference of accreditation (only when applying for certification with EA BAS accreditation)

I declare that I release PCB from all claims that would arise in case of misuse and unauthorized use of the certificate. I accept the certificate to be issued after payment of the certification fee. In case of a negative certification decision, or if the certificate is revoked, I have no claim for a refund. I certify that all information provided by me is true.

Candidate/s:

1.	_____	_____
	Last Name	Signature
2.	_____	_____
	Last Name	Signature
3.	_____	_____
	Last Name	Signature
4.	_____	_____
	Last Name	Signature
5.	_____	_____
	Last Name	Signature

/ in case of more applicant, a list of candidates' names and signatures on the back of the declaration or on a separate sheet is attached to this application /