

Application for certification DIN EN ISO 9712:2022-09



SECTOR Cert -
Gesellschaft für Zertifizierung GmbH

Am Turm 24
53721 Siegburg

PHOTO
of applicant here
or by email.

Please send us the completed application by email to certification@sector-cert.com
or to the postal address given above.

1. Applicant information		2. Employer information	
Customer-No. (if available)*:	Title / academic degree:	Name of company*:	
Surname, forename*:		Street, No.*:	
Date of birth*:	Place of birth*:	Postal code, place, country*:	
Street, No.*:		Surname, forename of the contact person*:	
Postal code, place, country*:		Department and function of the contact person*:	
Telephone:	Email:	Telephone of the contact person*:	Email of the contact person*:

* mandatory

3. Correspondence

Whom may we contact for correspondence (certificate dispatch, queries, etc.)? Applicant Employer

4. Details of service recipient

Name of service recipient (if different):	<input type="checkbox"/> Applicant	<input type="checkbox"/> Employer
Street, postal code, place, country (if different)*:	VAT-ID:	

5. Invoice information

Name of invoice recipient:	<input type="checkbox"/> Applicant	<input type="checkbox"/> Employer
Street, postal code, place, country: (if different)		
Internal Order No.:	Other information (e.g. e-mail for invoicing):	

6. Application for certification for more information see www.sectorcert.com/certifications

Method Level <small>(e.g. UT2)</small>	Sector <small>(e.g. IS)</small>	Certification or changing of scope		Renewal	Recertification	Approval to PED 2014/68/EU
		No. and date of examination <small>(see the evidence of examination)</small>	Experience time# <small>(in days)</small>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total NDT experience in days for the methods applied:

One day duration is at least seven hours, which can be achieved on a single day or by accumulating hours. The maximum allowable hours in any one day is 12 hours. Experience in days is achieved by dividing the total accumulated hours by 7.

FBA03-61-01-EN-Rev.10.0

Surname, forename (applicant):

7. Information for renewal or level 3 recertification

for more information see www.sectorcert.com/certifications/recertification

The renewal will be carried out by

- practical examination
- Credit system (please complete and enclose the form sheet FBA03-61-15, can be found at www.sectorcert.com)

The level 3 recertification will be carried out by

- written examination + evidence of continuous practical activity (please complete and enclose the form sheet FBA03-61-14, can be found at www.sectorcert.com)
- written examination + level 2 practical examination
- credit system + level 2 practical examination (please complete and enclose the form sheet FBA03-61-15, can be found at www.sectorcert.com)

8. Evidence of satisfactory vision

for a template form see www.sectorcert.com/download/applications

Date of last vision test of the applicant (please do not send us the evidence):

9. ID card

Should an ID card (DIN EN ISO 9712:2022-9, 9.2) also be issued for the applicant?

Yes / No

10. Declaration of employer

With my signature I confirm,

- a) the correctness of the information given in parts 1 to 8;
- b) that verifiable evidence of experience for the experience time given under part 6 is available in the company;
- c) the applicant's continued NDT activity without significant interruption (DIN EN ISO 9712:2022-09, 3.38);
- d) that verifiable evidence of the applicant's visual acuity (DIN EN ISO 9712:2022-09, 7.4) or specific requirements in excess thereof is available.

Surname, forename (supervisor / authorized representative / referee)

x

Date, Signature

11. Declaration of employer for approval to European Pressure Equipment Directive 2014/68/EU

With my signature I confirm,

- a) that the applicant has carried out NDT activities in the field of pressure equipment;
- b) that NDT activities are related to each of the methods applied for approval.

Surname, forename (supervisor / authorized representative / referee)

x

Date, Signature

12. Declaration of the applicant

I hereby declare that

- a) all information provided in this application is true and accurate;
- b) I will inform sectorcert® if any information on the certificate is incorrect, if I no longer meet the requirements for certification, or if any of the information given in this application has changed;
- c) I will promptly inform sectorcert® about any complaint raised against the certificate issued to me;
- d) I will release sectorcert® from all claims that may arise from my activities as a certified person;
- e) in the event of suspension, withdrawal or expiration of my certificates, I will immediately refrain from any advertising with my certification or other references to my certification from which I could derive an advantage.

I am aware that

- f) sectorcert®-certificates remain the property of sectorcert®;
- g) incorrect statements in this application, misleading use of the certificates or sectorcert® logo as well as violation of the professional ethics principles entitle sectorcert® to suspend or withdraw the certificates at any time;
- h) incorrectly issued certificates can be recalled by sectorcert® in order to reissue them with the original validity after correction;
- i) a certificate of radiographic testing (RT) does not necessarily authorize the certificate holder to perform radiographic testing and that additional legal requirements may have to be observed;
- j) additional evidence of sufficient far vision is required for general visual testing (VT).

With my signature

- k) I explicitly authorize sectorcert® to obtain evidence at any time in order to verify the information provided in this application;
- l) I agree that my data will be stored electronically for a period of up to 30 years from the date of issue of a certificate, processed for the purpose of application procedures and published in a list of certificate holders at a suitable place;
- m) I agree that my photograph may be stored for certification purposes and processed for the creation of an ID card;

I have read and agree with the general terms and conditions and the data privacy policy of sectorcert®.

x

Date, Signature (Applicant)

We will confirm receipt of your documents by e-mail. If you do not receive a confirmation from us within two weeks, please contact us.

FBA03-61-01-EN-Rev.10.0

PRINCIPLES OF PROFESSIONAL ETHICS

General Information

Certificate holders shall comply with these principles of professional ethics and the relevant provisions of the applicable certification scheme. They shall at all times, be aware of and comply to the best of their ability with the provisions or requirements of the standards under which they are working. Certificate holders shall perform their professional duties with due regard for applicable environmental and safety requirements for the health and welfare of the general public in accordance with national law. They shall endeavor to maintain their competence by keeping their professional knowledge up to date to the extent necessary for the proper performance of their duties in the certified methods and level.

Responsibility to the certification body

Certificate holders shall verify the information on the certificates. If any information on the certificate is incorrect, such as because the certificate holder's personal information has changed or because the certificate holder no longer meets the requirements for certification, it is the certificate holder's responsibility to notify the certification body as soon as possible, so that, if the certificate holder continues to meet the requirements for certification, the certification body can issue a new, corrected certificate or otherwise suspend or revoke the certificate. Certificate holders shall immediately report to the certification body any perceived violation(s) of these principles and shall report any attempt to pressure or coerce a certificate holder to violate these principles. Certificate holders shall refrain from any unethical act that would discredit the certification scheme or unfairly bring the certification body into disrepute.

Responsibility to the general public

Certified persons shall only sign documents within the scope of their own certification and when they personally have the expertise and/or direct supervisory control. They shall only perform tasks for which they are competent based on their experience, qualifications and certification. They shall engage, or advise the engagement of such specialists as necessary, for the proper performance of their inspection duties.

Responsibility towards employers, clients and associates

Certificate holders shall only perform activities within the scope of their employment for which they are authorized by their employer. They must notify their employer immediately if their certification is suspended or withdrawn. Certificate holders shall behave responsibly and utilize fair and equitable business practices when dealing with colleagues, clients and associates.

Conflicts of Interest

Certificate holders shall avoid conflicts of interest with employers or clients and, in the event that such conflicts nevertheless arise in the course of their duties, shall promptly notify the affected persons of the situation.

Protection and disclosure of Information

Certificate holders shall keep confidential all information provided to them by employers, clients, colleagues or others. All relevant legal regulations regarding professional confidentiality and the protection of personal data shall be observed. Information must not be disclosed to third parties for self-interest or personal gain.

Infringements

Infringements of these principles of professional ethics entitle SECTOR Cert to withdraw all issued certificates. Withdrawn certificates shall be returned to SECTOR Cert immediately.

Declaration of the certificate holder

I have read and understood the content of the principles of professional ethics. With my signature I confirm that I will comply with the principles. I am aware that the infringement of the above mentioned duties may lead to the withdrawal of my certification.

.....
Date

.....
Surname, forname

.....
Signature