



# APPLICATION FORM

|                                                                                                                                            |                                                                                                                                                      |                                      |
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| <input type="checkbox"/> Welder                                                                                                            | EN ISO 9606 – 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | Place and Date of welding execution: |
| <input type="checkbox"/> Welding Operator / Setter                                                                                         | <input type="checkbox"/> EN ISO 14732 <input type="checkbox"/> ASME BPVC section IX                                                                  |                                      |
| <input type="checkbox"/> Brazer                                                                                                            | <input type="checkbox"/> EN ISO 13585 <input type="checkbox"/> AWS D1.1<br><input type="checkbox"/> Others                                           |                                      |
| PED 2014/68/EU Compliance Cat II, III, IV <input type="checkbox"/> Yes <input type="checkbox"/> No <sup>(3)</sup>                          |                                                                                                                                                      | Examiner / Welding Inspector         |
| Non accredited certificate and not in compliance to PED 2014/68/EU <input type="checkbox"/> Yes <input type="checkbox"/> No <sup>(4)</sup> |                                                                                                                                                      | Name and Surname:                    |
|                                                                                                                                            |                                                                                                                                                      | Signature:                           |

*Note: by signing this application form the Examiner confirms the independence and absence of conflict of interest with the candidates.*

| Name and Surname | Place and date of birth | Document of identification<br>(Passport, driving license, ID) | Employer <sup>(1)</sup> | Signature of the applicant <sup>(2)</sup> |
|------------------|-------------------------|---------------------------------------------------------------|-------------------------|-------------------------------------------|
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Note:

(1) Non mandatory ONLY at applicant's request

(2) Mandatory for each applicant to the Welding Examination (welder/welding operator/setter/brazers). By signing the application form, the applicant confirms the application for certification and the absence of conflicts of interest towards the examiner, accepts DNV certification scheme/applicable standard requirements and general terms and conditions.

(3) If "No" the applicant takes full responsibility and confirms, that certificate is non-compliant with the Pressure Equipment Directive (PED) 2014/68/EU, and the applicant accepts full responsibility for its use and any related consequences.

(4) The applicant confirms that they understand and accept this status and hereby takes full responsibility for any consequences related to the certificate's use, recognition, or acceptance.

*This record is mandatory and shall be included in the Welding Package. DNV is committed to processing these data in a transparent manner and in accordance with applicable national laws and regulations for protection of personal data.*