APPLICATION FOR WELDER QUALIFICATION AS PER ISO 17024

1. Applicant's data:			
Name and surname:		Education:	
Date and place of birth:		ID No.:	
E-mail:		Phone No.:	

2. Employer details:			
Title:			
Address:			
Contact person:		Phone No.:	
E-mail:			

3. Information for certification:

Type of certification:

☐ First qualification ☐ Renewal of certification ☐ Addition ☐ Duplicate certificate

Certification standard:

☐ EN ISO 9606 ☐ ASME IX

Certification details:

welding procedure/position dimensions/base material pWPS qualified WPS

Location of exam:

☐ Nortest ☐ Customer

Language of the examination:

☐ GR(GREEK) ☐ EN (English)

Exam date:

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4. **Education and Experience:**

• **Professional Experience:**

[Provide details of your professional experience in welding, including employers, the duration of your experience, and the specific types of welding tasks you have performed.]

5. **Request for Special Needs Accommodation (if applicable):**

(If you have any special needs, please specify the required accommodations or adjustments for the exam or certification process. Example: "I request additional time due to a visual impairment." Attach any medical certificates or documents supporting the need for accommodations.)

6. Attached Documents:

• A copy of your identification document (ID or passport).

• Medical certificate (if required for special needs).

• Photograph (if required).

• Any other documents requested by the certification body.

7. Statement of the applicant:

I declare:

- that all the above information is true and that I will inform the certification body if any changes occur.
- that I am aware of and agree to the certification process and that I will provide the CB with all necessary information related to the certification.
- that I release the certification body from claims arising from my work in the field of my certification or from misuse of the certificate.
- that if my certificate is revoked, I will not refer to it and will return it to CB upon revocation.
- that I will immediately inform the CB if the conditions for the validity of the certificate are not met
- that certificates issued with errors will be revoked, corrected, and reissued.
- that I am aware and agree that my personal data (name and surname, date of birth, place of birth, education, e-mail, telephone) are collected and processed in the current information program of the company, solely for the purpose of issuing certificates and other necessary documents relate.
- that I give my free and explicit consent for Nortest to use my personal data to:
  - issue the certificate
  - communicate with me and contact me by email, telephone or in writing about the following: information about offers, events, news, company services, and notifications about the expiry of certificates
- that I give my permission for the contact person to be informed of all matters relating to the certification procedures.

These consents are given for a period until revocation.

You can withdraw your consent at any time by emailing nortest@nortest.com.cy or by visiting our website:

www.nortest.com.cy

Name and surname	Date	Signature

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8. Statement of customer

We declare:

- that all the above information is true.

☐ that the applicant has carried out a continual sufficient work activity without significant interruptions since the first certification/re-certification for the method and in the sector for which the renewal or recertification is requested

☐ that we agree and give the free and explicit consent that Nortest may use the above contact details of the customer/applicant to communicate with us and to process them for marketing purposes in connection with Nortest notifications about offers, events, news and services, and those related to the expiry of certificates. This consent is given for a period until revocation.

☐ that the contact person (representative of the applicant) indicated in point 2 of this application is authorized to process personal data in accordance with the EU General Data Protection Regulation (GDPR) and that he/she has the necessary arrangements in place within his/her organization for the transmission of personal data to the certification body.

You can withdraw your consent at any time by emailing nortest@nortest.com.cy or by visiting our website: www.nortest.com.cy .

Responsible person	Date/signature/stamp

9. Overview of preconditions for certification (to be completed by the certification body):

Certification body	Date	Signature