Application for renewal / recertification DIN EN ISO 9712:2022-09

SECTOR Cert -
Gesellschaft für Zertifizierung GmbH

Am Turm 24
53721 Siegburg
GERMANY

PHOTO*
of the applicant
Please enclose or
send by e-mail.

Surname, forename applicant*: _____

*mandatory information

1. Details on the applied certification

for information see www.sectorcert.com

Method **Level** (e.g. UT2)	**Sector** (e.g. IS)	**Renewal** (if applicable, please mark with a cross)	**Recertification** (if applicable, please mark with a cross)	**Approval to Pressure Equipment Directive** (if applicable, please mark with a cross)
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

2. Additional information for renewal or level 3 recertification

for informationen see www.sectorcert.com

The renewal will be carried out by

☐ practical examination
☐ credit system (please complete and enclose the form sheet structured credit system FBA03-61-15)

The level 3 recertification will be carried out by

☐ written examination + evidence of continuous practical activity
(please complete and enclose the form sheet evidence of continued practical competence FBA03-61-14)
☐ written examination + level 2 practical examination
☐ credit system + level 2 practical examination (please complete and enclose the form sheet structured credit system FBA03-61-15)

3. Evidence of satisfactory vision

Requirements for visual acuity see www.sectorcert.com

Date of last visual acuity test (not older than 12 months) oft he applicant
(please do **not** send us the evidence): DD.MM.YYYY

4. Declaration for approval to European Pressure Equipment Directive 2014/68/EU

☐ The applicant has carried out NDT activities in the field of pressure equipment;
☐ If several methods are applied for, NDT activities are allocated to each of the methods applied for.

5. Declaration of applicant and employer

With my signature I confirm,
a) The correctness of the information given in points 1 to 3;
b) the applicant's continued NDT activity without significant interruption (DIN EN ISO 9712:2022-09, 3.38);
c) 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.

Date, signature of applicant (person to be certified)

Date, signature of employer (supervisor / authorized representative)

Please send us the completed application form by e-mail to zertifizierung@sector-cert.com or to the postal address given above. 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.

Information about the applicant (person to be certified)

*mandatory information

1. Personal data

Customer No. (if available):	Title / academic degree:
Surname*:	Forename*:
Date of birth (DD.MM.YYYY)*:	Place of birth*:

2 Contact details

Street, No.*:	
Postal code, place, country*:	
Telephone:	Private e-mail address*:

3. Information on my employment

☐ **employed** ☐ **self-employed** ☐ **job seeker**

Note: Employees must also submit page 3 (employer details). Self-employed persons and job seekers must enclose page 4 (Referee details).

4. Information for certificate dispatch and correspondence

Whom may we send the certificates to? ☐ **to myself** ☐ **to my employer**

Whom may we contact for correspondence (queries, reminders etc.)? ☐ **myself** ☐ **my employer**

5. Declaration of applicant#

I hereby declare that

a) all information provided in this application is true and accurate;
b) I will inform **sector**cert® 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 **sector**cert® about any complaint raised against the certificate issued to me;
d) I will release **sector**cert® 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) **sector**cert®-certificates remain the property of **sector**cert®;
g) incorrect statements in this application, misleading use of the certificates or **sector**cert® logo as well as violation of the professional ethics principles entitle **sector**cert® to suspend or withdraw the certificates at any time;
h) incorrectly issued certificates can be recalled by **sector**cert® 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 **sector**cert® 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 application processing and published in a list of certificate holders in an appropriate place, whereby my data will be deleted after the expiry of the period without further inquiry, provided that this does not conflict with legal requirements;
m) I agree that my photograph may be stored for certification purposes and processed for ussuing an ID card.

☐ I hereby consent to the processing of my personal data for the purpose of conducting a customer survey following certification and for reminders for my follow-up certification. I can revoke my consent in full or in part at any time with effect for the future, e.g. by e-mail to datenschutz@sector-cert.com. Withdrawal of consent does not affect the lawfulness of the processing carried out up to that point.

☐ I have read and agree with the general terms and conditions and the data privacy policy of **sector**cert® under www.sectorcert.com.

✘ _____

Date, signature applicant (person to be certified)

Information about the employer

*mandatory information

1. Employer information

Name of company*:
VAT-ID*:
Street, No.*:
Postal code, place, country*:

2. Information on supervisor / authorized representative	3. Information on contact person (only if deviating from point 2)
Surname*:	Surname*:
Forename*:	Forename*:
Department and function*:	Department and function*:
E-mail*:	E-mail*:
Telephone*:	Telephone*:

4. Details of service recipient

☐ **applicant (person to be certified)** ☐ **employer** ☐ **different service recipient** (see notes)

Notes (e.g. address, VAT-ID of service recipient):

5. Details on invoice and invoice recipient

Invoice recipient:

☐ **applicant (person to be certified)** ☐ **employer** ☐ **different invoice recipient** (see notes)

Notes (e.g. address of deviating invoice recipient, internal order no., e-mail for sending invoices):

6. Declaration of employer

Declaration supervisor / authorized representative

☐ I consent to the storage of my personal data for the purpose of queries, reminders and customer surveys I can revoke my consent in full or in part at any time with effect for the future, e.g. by e-mail to datenschutz@sector-cert.com. The withdrawal of consent shall not affect the lawfulness of processing based on consent before its withdrawal.

☐ I have read and agree with the general terms and conditions and the data privacy policy of **sector**cert® under www.sectorcert.com.

Date and signature supervisor / authorized representative

Declaration contact person

☐ I consent to the storage of my personal data for the purpose of queries, reminders and customer surveys I can revoke my consent in full or in part at any time with effect for the future, e.g. by e-mail to datenschutz@sector-cert.com. The withdrawal of consent shall not affect the lawfulness of processing based on consent before its withdrawal.

☐ I have read and agree with the general terms and conditions and the data privacy policy of **sector**cert® under www.sectorcert.com.

Date and signature contact person

Information about the referee
(only for self-employed applicants and applicants without employer as well as for credit system)

*mandatory information

1. Personal data

Surname*:	Forename*:
Date of birth*:	Telephone*:
E-mail*:	

2. Qualification

☐ **sector**cert® certificate ☐ certificate of another certification body (see enclosed copy) ☐ not certified (**)

(**) *If the referee is a non-certified person, they must have sufficient knowledge, skills, training and experience to confirm the applicant's industrial experience. Corresponding evidence must be submitted to the certification body.*

3. Declaration of referee

With my signature I confirm,

a) that verifiable evidence of the applicant's experience time stated under point 1 on page 1 is available and has been checked by me;
b) that the information I have provided is true and complete;
c) that, on the basis of my qualifications, I have sufficient knowledge to be able to make the above confirmations.

☐ I consent to the storage of my personal data for the purpose of certification of the applicant and agree to the privacy policy of **sector**cert® at www.sectorcert.com. I can revoke my consent in full or in part at any time with effect for the future, e.g. by e-mail to datenschutz@sector-cert.com. The withdrawal of consent shall not affect the lawfulness of processing based on consent before its withdrawal.

✘ _____

Date, signature referee

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