



APPLICATION No.: _____

Application for Welder Qualification Certification

Customer	Company name:	Registration number:
	Legal address:	VAT number:
	Contact person:	Bank account number:
	Phone:	Bank name:
	E-mail:	Bank code (BIC/SWIFT):
Welder	Name, Surname:	Personal code (ID number):
	Date of birth:	Place of birth:
	Phone:	E-mail:

No.:	Standard:	☐ LVS EN ISO 9606-1	☐ LVS EN ISO 9606-2
Job knowledge test:		☐ Yes	☐ No
Regulation:	☐ Non-regulated sphere		
	Regulated sphere: ☐ According to Cabinet Regulations No. 588 (Dangerous equipment). ☐ According to CR No. 348 (PED) together with CR No. 588		
Welding process:		Welding position:	Weld details:
Type of transfer: (131, 135, 138 / ISO 9606-1 only)		☐ Dip (Short-circuiting) (D) ☐ Globular (G) ☐ Spray (S) ☐ Pulse (P)	
Certificate prolongation: (9606-1 only)		☐ 9.3 a) ☐ 9.3 b) ☐ 9.3 c)	
Parent material group / grade:		Filler material group: (ISO 9606-1 only)	Notes: (e.g., pWPS/WPS, exam location, etc.)
Product type: ☐ Plate ☐ Pipe		Material thickness $t_1; t_2$ (mm):	
Weld type: ☐ BW ☐ FW		Outside diameter $D_1; D_2$ (mm):	

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Product type:	☐ Plate ☐ Pipe	Material thickness $t_1; t_2$ (mm):	
Weld type:	☐ BW ☐ FW	Outside diameter $D_1; D_2$ (mm):	

<i>Additional information (including that related to special needs):</i>		
The following additional documents are submitted:	☐	Identity document (copy of passport or ID card);
	☐	Documents confirming the acquisition of the welder's specialty and work experience (if required);
	☐	Photograph (4 x 5 cm);
	☐	Form 23.08: Consent to personal data processing;
	☐	Form 23.05: Certificate of confirmation of the welder's professional experience.

by the CLIENT:	(name, surname)	(signature)	(Date)
by the PCB employee:	(name, surname)	(signature)	(Date)