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| --- | --- | --- | --- |
| ***Personal Information:*** | | | |
| *Name, Surname:* |  | | |
| *Date and place of birth:* |  | | |
| *ID Number:* |  | | |
| *Telephone:* |  | | |
| ***In case of a company application, company informations:*** | | | |
| *Company Name:* |  | | |
| *Address:* |  | | |
| *Telephone:* |  | | |
| *E-mail* : |  | | |
| ***Reference of requested qualification:*** | | | |
| *Requested Scope* : |  | | |
| *Related Standard:* |  | | |
| ***Information of requested welding personnel qualification :*** | | | |
| Welding Method: |  | Consumable Material: |  |
| Product Type : |  | Welding Position: |  |
| Welding Type: |  | Welding Details: |  |
| Material : |  | Written Examination Request: | YES NO |
| Other details : |  |  |  |
| Application Type : | First Qualification  Unit Definition  Certificate Renewal | | |

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| ***Necessary Documents:***  *Copy of ID*  *2 Pictures (if it is not possible to take a picture during the exam)*  *SZUTEST Personal Certification Contract (FR.P.17)* |
| *Szutest does not provide any consultancy to the personal which will be qualified. If Szutest provide a training, trainer personnel will not be involved to the Certification process. Szutest signs ‘Personal Certification Contract’ with the personal to specify all the rights and responsibilities of both parties. In case of the personal deserves the certificate, Szutest issues validity and scope information by* [*www.szutest.com.tr*](http://www.szutest.com.tr) *during the validity period. Applicant can receive information through Personal Certification Scheme. It is also possible to contract by calling +90216 469 46 66and get information related to the certificate.* |
| As applicant, I declare that I accept the conditions and I will follow the rules specified by Personal Certification Schedule and Certification Contract which is issued in [www.szutest.com.tr](http://www.szutest.com.tr)  **Name – Surname / Date**  **Signature** |

After filling the application you may send it to [info@szutest.com.tr](mailto:info@szutest.com.tr) or fax it to 02164694667. After receiving and reviewing of your application, our proposal contract will be sent to you.

**SZUTEST TARAFINDAN DOLDURULACAKTIR / TO BE FILLED BY SZUTEST**

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| **Belgelendirme Yapılabilir mi?**  ***Is the application in scope of Szutest?*** | **Evet */ Yes***  **Hayır */ No*** | **Tarih */ Date*** |  |
| **Kontrol Eden (Adı/Soyası/İmza)**  ***Controlled By (Name/Surname/Signature)*** |  | | |