

Personal Information

Welder Name, Surname :
 Date And Place Of Birth :
 Id Number: :
 Telephone: :
 E-Mail :
 Address :

Person Information To Be Reached In Emergency

Name, Surname :
 Telephone Number :

In Case Of A Company Application, Company Informations

Company Name :
 Company Address :
 Company Telephone :
 Company E-Mail :

Application Information

Written Exam Request : ☐ YES ☐ NO
 Application Type : ☐ First Certification ☐ Unit Completion ☐ Certificate Renewal ☐ Exam Repetition

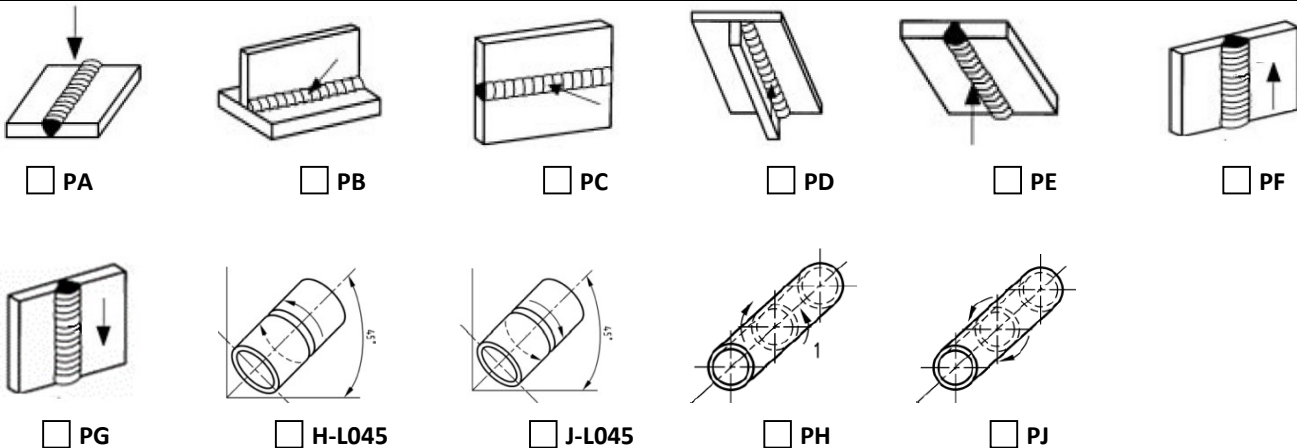
Scope / Reference Of Requested Qualification

<input type="checkbox"/> TS EN ISO 9606-1	<input type="checkbox"/> API 1104	<input type="checkbox"/> AWS D 1.1
<input type="checkbox"/> TS EN ISO 9606-2	<input type="checkbox"/> ASME SEC IX	<input type="checkbox"/> AWS D 1.2
<input type="checkbox"/> TS EN ISO 9606-3	<input type="checkbox"/> TS EN ISO 13585	<input type="checkbox"/> AWS D 1.5
	<input type="checkbox"/> TS EN ISO 14732	<input type="checkbox"/> AWS D 1.6

Welding Method

<input type="checkbox"/> Manual Metal Arc Welding – 111	<input type="checkbox"/> MIG Welding With Solid Wire Electrode -131
<input type="checkbox"/> MAG Welding With Solid Wire Electrode – 135	<input type="checkbox"/> Submerged Arc Welding With Solid Wire Electrode (Partly Mechanized) -121
<input type="checkbox"/> MAG Welding With Flux Cored Electrode - 136	<input type="checkbox"/> Brazing - 901
<input type="checkbox"/> TIG Welding With Solid Filler Material (Wire/Rod) - 141	<input type="checkbox"/> OTHERS (.....)

Requested Welding Position



Welding Details

Product Type

☐ Butt Weld (BW)
☐ Fillet Weld (FW)

Welding Details

☐ Single Side
☐ Both Side
☐ Single Layer
☐ Multi Layer

Material Thickness /Diameter

T (Thickness):
 D (Pipe Outside Diameter):

Welding Details

☐ Plate (P)
☐ Pipe (T)
☐ With Material Backing
☐ Without Material Backing

Information

SZUTEST does not provide consultancy services to the applicant under the relevant certification; If it provides training service, the personnel used in the training service is not assigned to the examination program. During the certification program and the validity of the document, FR.P.17 makes the Document Usage Contract that will be valid for determining the rights and obligations that the parties have and if they are entitled to receive the certificate. In the event that it is entitled to receive a certificate, it publishes the Name, Surname, Document Type and Reference number of the Certified Person during the validity period of www.szutest.com.tr. The applicant, the information about the exam and certification, for the Welding Staff (Welder, Welding Operator, Brazer) - to the Procedure for Resource Staff Certification Program According to PR.PB.07 International Standards and +90 216 469 You can call 46 66 and reach the Personnel Certification section to learn.

As the applicant, I accept and undertake that I will comply with the conditions stated in the PR.PB.07 International Standards Certification Program Procedure and FR.P.17 Document Usage Contract stated at www.szutest.com.tr:

Special needs situation

1-) Do you have any special needs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Explanation
2-) Do you have speech, vision, hearing impairments?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3-) Do you have literacy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4-) Do you have a request to take the exam in a language other than Turkish?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Documents that you should send with the approved application form

- 1) ID Card Copy?
- 2) Candidate's Passport Photo (Can be Digital)
- 3) Document Usage Contract Including Candidate's Signature (FR.P.17)

Applicant

Name and Surname

Application Date

Signature

Review And Evaluation Of The Application (This Section Will Be Filled By SZUTEST)

Is personel information specified?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the standard and scope of documentation appropriate ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the specified exam information in accordance with the requested scope and standard?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the applicant's approval available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the IS Card copy available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

The Person Evaluating The Application

Name/Surname		
Date		
Signature		
Can the application be accepted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (Explanation)
Explanation		

