

Certification body for personell of non-destructive testing REAKTORTEST s.r.o., Františkánska 22, 917 01 Trnava, SR

IČO: 18048919 DIČ: 2020390702 IČ DPH: SK2020390702

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# APPLICATION FOR CERTIFICATION

# according to certification schemes KCP01/version 7 and EN ISO 9712:2022

1. **Certification act**
2. Certification
3. Renewal of certification by structured credit system for level 1,2 and 3
4. Renewal of certification by exam for level 1 and 2
5. Recertification by exam for level 1,2 and 3
6. Recertification for level 3 by structured credit system
7. Duplicate

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| --- | --- | --- | --- | --- |
| **Certification act** | Vyberte položku. | Vyberte položku. | Vyberte položku. | Vyberte položku. |
| **Method** | Vyberte položku. | Vyberte položku. | Vyberte položku. | Vyberte položku. |
| **Level** | Vyberte položku. | Vyberte položku. | Vyberte položku. | Vyberte položku. |
| **Sector** | Vyberte položku. | Vyberte položku. | Vyberte položku. | Vyberte položku. |

### **Metóda:**

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| --- | --- | --- | --- |
| **MT** | Magnetic particle testing | **UT** | Ultrasonic testing |
| **MT-FL** | Magnetic particle testing – flux leakage | **UT PA** | Ultrasonic testing – phased array |
| **PT** | Penetrant testing | **UT TOFD** | Ultrasonic testing – time of flight diffraction |
| **LT** | Leak testing | **RT** | Radiographic testing |
| **LT-P** | Leak testing – pressure method | **RT-D** | Radiographic testing – digital technic |
| **LT-TG** | Leak testing – tracer gas method | **RT-FI** | Radiographic testing – RT film interpretation |
| **ET** | Eddy current testing | **RT-S** | Radiographic testing – radioscopy  |
| **VT** | Visual testing |  |  |

|  |  |
| --- | --- |
| **Product sector** |  **Sign** |
| Castings | **c** |
| Forgings | **f** |
| Welded products | **w** |
| Tubes and pipes | **t** |
| Wrought products |  **wp** |

|  |  |  |
| --- | --- | --- |
| **Industrial sector** | **Sign** | **Includes** |
| Production and construction of equipments | **pv** | **w, t, wp** |
| Metal production and handling | **mm** | **c, f, w, t, wp** |
| General multisector | **ms** | **c, f, w, t, wp** |
| Aerospace | **mf** | **c, f, w, t, wp**  |

1. **Personal information of candidate**

| **Title, Name, Surname** | Kliknite alebo ťuknite sem a zadajte text. |
| --- | --- |
| **Home adress (street, house No., postcode, city, country)** | Kliknite alebo ťuknite sem a zadajte text. |
| **Phone number** | Kliknite alebo ťuknite sem a zadajte text. |
| **E-mail** | Kliknite alebo ťuknite sem a zadajte text. |
| **Date of birth** | Kliknite alebo ťuknite sem a zadajte text. |

1. **Employer information**

| **Employer** | Kliknite alebo ťuknite sem a zadajte text. |
| --- | --- |
| **Adress** | Kliknite alebo ťuknite sem a zadajte text. |
| **Tel/Fax** | Kliknite alebo ťuknite sem a zadajte text. |
| **Bussines ID** | Kliknite alebo ťuknite sem a zadajte text. |
| **Tax ID** | Kliknite alebo ťuknite sem a zadajte text. |
| **E-mail** | Kliknite alebo ťuknite sem a zadajte text. |
| **Work position** | Kliknite alebo ťuknite sem a zadajte text. |
| **Description of NDT work** | Kliknite alebo ťuknite sem a zadajte text. |

Employee is holder of next certificates:

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| --- | --- | --- | --- |
| **Method** | **Level** | **Industrial sector** | **Certificate issued** |
|  | **Company** | **Date** |
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1. **Information about the industrial experience in NDT method**

The number of days of the professional experience in particular methods and qualification grades as at the date of this application submission, from:

1. the start of the practice performance, if the applicant requests the certification for the first time, or
2. the last renewal of the Certificate.

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| --- | --- | --- | --- | --- | --- |
| Method | Before level 1 | In level 1 | In level 2 | In level 3 | Employer signature |
| **RT** |  |  |  |  |  |
| **UT** |  |  |  |  |  |
| **MT** |  |  |  |  |  |
| **PT** |  |  |  |  |  |
| **ET** |  |  |  |  |  |
| **VT** |  |  |  |  |  |
| **LT**  |  |  |  |  |  |
| **LT – P** |  |  |  | - |  |
| **LT – TG** |  |  |  | - |  |
| **MT – FL** |  |  |  | - |  |
| **UT PA** |  |  |  |  |  |
| **UT TOFD** |  |  |  |  |  |
| **RT – D** |  |  |  |  |  |
| **RT – FI** | - | - |  | - |  |
| **RT – S** |  |  |  |  |  |

Industrial experience is confirmed by: \*

|  |
| --- |
| Vyberte položku. |

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| **Company** | Kliknite alebo ťuknite sem a zadajte text. |
| **Name and surname of confirming person** | Kliknite alebo ťuknite sem a zadajte text. |
| **Number of certificate \*** | Kliknite alebo ťuknite sem a zadajte text. |
| **Date** | Kliknite alebo ťuknite sem a zadajte text. |
| **Signature and stamp of employer** |  |

\* the industrial experience of employee is confirmed by employer. The industrial experience for a self-employee is confirmed by referee, who shall be person certified to level 2 or 3 in any NDT method, or non-certified personnel approved by certification body. Where the industrial experience is confirmed by a referee certified in NDT, the candidate is required to submit copy of referee´s NDT certificate.

1. **Information about training for each method:**

 (leave empty in cas of renewal of certification or recertification)

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| --- | --- | --- | --- | --- |
| **Method** | **Level** | **Number of training** | **Training center** | **Hours** |
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1. **Physical capability requirements**

The filled-in form regarding the eyesight medical examination performed by an ophthalmologist or other medically authorised person.

**VII. The necessary documents attached to this application are:**

1. the copy of a report or diploma from the school, in which the applicant has achieved the highest education (at the first submission of application; in other cases only if a change in the highest education occurred)
2. certificate of the physical capability
3. photograph of the passport size in digital copy
4. a copy of the certificate / card, if the applicant asks for recertification and he/she is a holder of the certificate issued by a certificate body other than COP RT
5. copy of document about training

**VIII. Ethic principles of the certificate holder**

Every holder of the certificate performs only such NDT activity, for which he/she is qualified and does not accept any responsibility or assignments, for which he/she is not qualified, in order to prevent the occurrence of damages and detriment to things and personnel.

When performing his/her work, he/she must act without prejudice and in an objective manner free of any interests; he/she mustn’t fall under the influence of anybody when elaborating his/her expert’s opinion.

He/she must elaborate all references and reports in an objective and professional manner, on the adequate expert level corresponding to the method and level, for which he/she obtained the qualification.

If there is objective evidence that the certificate holder has broken these ethic principles, the COP RT may deprive him/her of the conferred certificate.

**IX. Statement of the certificate holder**

I put my signature to the statement that all information given in the application for certification is truthful. I am fully conscious that the COP RT has a right to verify these data required for the certification.

I am aware that I have opportunity to declare, within reason, a request for accommodation of special needs.

I undertake to observe all requirements for the certification, which are listed in the following directives: KCP01/version 7 and EN ISO 9712:2022.

I take due note of the fact that the certificate is bound to the activities execution confirmed by the employer.

I am acutely aware of the fact that in the case of ethic principles violation or failure to fulfil certification requirements as the certificate holder, or in the event of my certificate misusing, the COP RT has a right to abrogate the conferred certificate.

I agree with entering my personal data to the certified workers database in the COP RT in terms of the Personal data protection Act in force. I agree with disclosing my date of birth in documents used at the qualification test, in the test report, in the certification card and in the certificate.

Place and date:

Signature of the applicant for certification:

**Putting its signature herein, the COP RT undertakes to keep confidentiality of information given by the applicant.**

**Application accepted, checked and approved according to ISO 17024**

**Date:**

head of COP RT