

# Application for certification DIN EN ISO 9712:2022-09



**SECTOR Cert -**  
Gesellschaft für Zertifizierung GmbH

Am Turm 24  
53721 Siegburg

**PHOTO**

of applicant here  
or by email.

Please send us the completed application by email to [certification@sector-cert.com](mailto:certification@sector-cert.com)  
or to the postal address given above.

1. Applicant information		2. Employer information	
Customer-No. (if available)*:	Title / academic degree:	Name of company*:	
Surname, forename*:		Street, No.*:	
Date of birth*:	Place of birth*:	Postal code, place, country*:	
Street, No.*:		Surname, forename of the contact person*:	
Postal code, place, country*:		Department and function of the contact person*:	
Telephone:	Email:	Telephone of the contact person*:	Email of the contact person*:

\* mandatory

### 3. Correspondence

Whom may we contact for correspondence (certificate dispatch, queries, etc.)?  Applicant  Employer

### 4. Details of service recipient

Name of service recipient (if different):	<input type="checkbox"/> Applicant	<input type="checkbox"/> Employer
Street, postal code, place, country (if different)*:	VAT-ID:	

### 5. Invoice information

Name of invoice recipient:	<input type="checkbox"/> Applicant	<input type="checkbox"/> Employer
Street, postal code, place, country: (if different)		
Internal Order No.:	Other information (e.g. e-mail for invoicing):	

### 6. Application for certification for more information see [www.sectorcert.com/certifications](http://www.sectorcert.com/certifications)

Method Level <small>(e.g. UT2)</small>	Sector <small>(e.g. IS)</small>	Certification or changing of scope		Renewal	Recertification	Approval to PED 2014/68/EU
		No. and date of examination <small>(see the evidence of examination)</small>	Experience time# <small>(in days)</small>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Total NDT experience** in days for the methods applied: \_\_\_\_\_

# One day duration is at least seven hours, which can be achieved on a single day or by accumulating hours. The maximum allowable hours in any one day is 12 hours. Experience in days is achieved by dividing the total accumulated hours by 7.

FBA03-61-01-EN-Rev.10.0

Surname, forename (applicant):

**7. Information for renewal or level 3 recertification**

for more information see [www.sectorcert.com/certifications/recertification](http://www.sectorcert.com/certifications/recertification)

**The renewal will be carried out by**

- practical examination
- Credit system (please complete and enclose the form sheet FBA03-61-15, can be found at [www.sectorcert.com](http://www.sectorcert.com))

**The level 3 recertification will be carried out by**

- written examination + evidence of continuous practical activity (please complete and enclose the form sheet FBA03-61-14, can be found at [www.sectorcert.com](http://www.sectorcert.com))
- written examination + level 2 practical examination
- credit system + level 2 practical examination (please complete and enclose the form sheet FBA03-61-15, can be found at [www.sectorcert.com](http://www.sectorcert.com))

**8. Evidence of satisfactory vision**

for a template form see [www.sectorcert.com/download/applications](http://www.sectorcert.com/download/applications)

Date of last vision test of the applicant (please do not send us the evidence):

**9. ID card**

Should an ID card (DIN EN ISO 9712:2022-9, 9.2) also be issued for the applicant?

Yes /  No

**10. Declaration of employer**

With my signature I confirm,

- a) the correctness of the information given in parts 1 to 8;
- b) that verifiable evidence of experience for the experience time given under part 6 is available in the company;
- c) the applicant's continued NDT activity without significant interruption (DIN EN ISO 9712:2022-09, 3.38);
- d) 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.

Surname, forename (supervisor / authorized representative / referee)

x

Date, Signature

**11. Declaration of employer for approval to European Pressure Equipment Directive 2014/68/EU**

With my signature I confirm,

- a) that the applicant has carried out NDT activities in the field of pressure equipment;
- b) that NDT activities are related to each of the methods applied for approval.

Surname, forename (supervisor / authorized representative / referee)

x

Date, Signature

**12. Declaration of the applicant**

I hereby declare that

- a) all information provided in this application is true and accurate;
- b) I will inform sectorcert® 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 sectorcert® about any complaint raised against the certificate issued to me;
- d) I will release sectorcert® 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) sectorcert®-certificates remain the property of sectorcert®;
- g) incorrect statements in this application, misleading use of the certificates or sectorcert® logo as well as violation of the professional ethics principles entitle sectorcert® to suspend or withdraw the certificates at any time;
- h) incorrectly issued certificates can be recalled by sectorcert® 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 sectorcert® 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 the purpose of application procedures and published in a list of certificate holders at a suitable place;
- m) I agree that my photograph may be stored for certification purposes and processed for the creation of an ID card;

I have read and agree with the general terms and conditions and the data privacy policy of sectorcert®.

x

Date, Signature (Applicant)

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.

# Principles of professional ethics

## General information

Certificate holders shall comply with the following principles of professional ethics and the relevant provisions of the applicable certification scheme. They shall at all times, be aware of regulations or requirements of standards under which they are working and observe them to the best of their knowledge and belief. Certificate holders shall perform their professional duties observing valid physical environment and the safety provisions for the health and well-being of the public as required by national law. They shall strive to maintain their proficiency by updating their technical knowledge as required for performing the tasks in the certified methods and levels properly.

## Responsibility to the certification body

Certificate holders shall verify the information on their certificates. If the information is incorrect, it is the responsibility of the certificate holder to inform the certification body as soon as possible so that a new, corrected certificate can be issued. Certificate holders shall immediately report to the certification body any perceived violation(s) of these principles as well as any attempt to pressure or force a certified individual to violate these principles. Certificate holders shall refrain from performing unethical acts which would discredit the certification scheme or bring the certification body into disrepute.

## Responsibility to the general public

Certificate holders shall only sign documents for which they have personal professional knowledge and/or direct supervisory control. They shall undertake only those tasks for which they are competent by virtue of their experience, qualification and certification. They shall engage, or advise the engagement of such specialists as are required to enable them to properly complete assignments.

## Responsibility to employers, clients and associates

Certificate holders and employers shall have a well-defined working relationship with clearly defined functions, duties and responsibilities. Certificate holders shall inform their employer in the event that their certification is suspended, cancelled or withdrawn. They shall behave responsibly and utilize fair and equitable business practices when dealing with colleagues, clients and associates.

## Conflicts of interest

Certificate holders should avoid conflicts of interest with the employer or client and, if any such conflict should arise when performing their duties, they shall inform the affected persons promptly of the circumstances.

## Protection and disclosure of information

Certificate holders shall protect to the fullest extent possible consistent with the well-being of the public and the provisions of this code of ethics, any information given them in confidence by an employer, colleague or member of the public. They shall not disclose any information to third parties for selfish or personal gain.

## Infringements

If these principles of professional ethics have demonstrably been infringed, SECTOR Cert will have the right to withdraw any certificates that have been issued. Certificates which have been withdrawn must be sent back to the certification body immediately.

## Declaration

I have read and understood the principles of professional ethics. I confirm with my signature that I will observe the principles. I am aware that any infringement may lead to a withdrawal of my certification.

.....  
Date

.....  
Surname, forename

.....  
Signature