Statement of Professional Experience (model)
Non-Destructive Testing

Declarant/Employer [a]

Complete Name: _____

Civil identification number: _____ Position in company: _____

Company: _____

***(a)** – If the candidate for certification is the employer himself, this statement must be signed only by the supervisor.*

DECLARE

Candidate

Complete Name: _____

Civil identification number: _____ performs (or performed) functions in this company

from (dd/mm/yy): _____ to (dd/mm/yy): _____

performing Non-Destructive Testing, as detailed in the table below:

EXPERIENCE [b] (in each method and sector)						
SECTOR / METHOD	Welds		Metallic Materials		TOTAL [c]	
	Hours	Days	Hours	Days	Hours	Days
Visual testing [VT]			N/A			
Penetrant testing [PT]						
Magnetic testing [MT]						
Radiographic testing [RT]						
Ultrasonic testing [UT]						
Eddy current testing [ET]	N/A					
Thickness Measurement	N/A					
Radiographic Interpretation			N/A			

***(b)** - Experience in days is achieved by dividing the total accumulated hours by 7. It is not possible to acquire experience in simultaneous for more than one method.*

***(c)** - For the Metal Fabrication sector, the minimum experience must be equally distributed between the welding and metal materials sectors.*

Supervisor [d]

Complete name: _____

Civil identification number: _____ Certificate number: _____

E-mail: _____ Telephone contact: _____

***(d)** - If the supervisor is not certified in the same method, he must provide evidence of his competence, namely records of relevant training and professional experience (curriculum vitae + evidence). If it is certified by another certification body, it must provide a copy of the certificate or validation link.*

Data da declaração (dd/mm/yy): _____

_____ _____

(Supervisor's signature) *(Signature and stamp of the employing company)*