



## Application Form

### 1. Candidate General Information

Name: \_\_\_\_\_  
Identity Card No.: \_\_\_\_\_ VAT number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_ City: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
E-mail (mandatory): \_\_\_\_\_

### 2. Required Certification

**Sampling Technician [TCA]** (DDE-CER-001 and DDE-CER-013)  
**Sector:** Drinking water

**Non-Destructive Testing [NDT] – EN ISO 9712** (DDE-CER-001 and DDE-CER-010)

METHOD		SECTOR		LEVEL	
Radiographic testing [RT]	<input type="checkbox"/>	Metal Manufacturing	<input type="checkbox"/>	Level 1	<input type="checkbox"/>
Ultrasonic testing [UT]	<input type="checkbox"/>	Welded products	<input type="checkbox"/>	Level 2	<input type="checkbox"/>
Magnetic particle testing [MT]	<input type="checkbox"/>	Metallic Materials	<input type="checkbox"/>	Level 3	<input type="checkbox"/>
Penetrant testing [PT]	<input type="checkbox"/>				
Visual Testing [VT]	<input type="checkbox"/>	Welded products	<input type="checkbox"/>	Level 2	<input type="checkbox"/>
METHOD/LIMITED APPLICATION		SECTOR		LEVEL	
RT/Radiographic interpretation	<input type="checkbox"/>	Welded products	<input type="checkbox"/>	Level 2	<input type="checkbox"/>
UT/Thickness measurement	<input type="checkbox"/>	Metallic Materials	<input type="checkbox"/>	Level 1	<input type="checkbox"/>
				Level 2	<input type="checkbox"/>

### 2.1 Certification Exam

Exam date (check the exam schedule): \_\_\_\_\_

City: **Lisboa**  **Porto**

Does the candidate have special needs? **YES**  **NO**

If so, which ones? \_\_\_\_\_



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### 3. Employer Information (if applicable)

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code \_\_\_\_\_ City: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_ Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Contact Person E-mail (mandatory): \_\_\_\_\_

**I declare that I read, understood and agreed with the requirements of the Certification Scheme, which are part of the General Document – Certification System Requirements (DDE-CER-001) and the applicable Supplementary Documents.**

Date: \_\_\_\_\_

Signature (Contact Person/Chief): \_\_\_\_\_

*Note: Valid / certified electronic signature is recommended*

### 4. Data for invoice issuance (All fields are required)

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ City: \_\_\_\_\_

Telephone: \_\_\_\_\_ VAT Number: \_\_\_\_\_

E-mail to send the electronic invoice: \_\_\_\_\_

### 5. Documentation to send (to choose according to DDE)

- Candidate Identity Card photocopy
- Academic Qualification certificate
- Relevant Training certificate
- Professional experience certificate (see minimum duration in the applicable DDE)
- Vision Acuity certificate, carried out in the previous 12 months (*Mod.CER.074, site RELACRE*)
- 1 digital photograph
- Proof of payment of associated costs or purchase order/ requisition for issuing the invoice (see the *Price List*, available on RELACRE website)

### 6. Complementary Information (to be filled by the candidate)

(present or list other data/documents to be sent as an attachment, that can contribute to the evaluation process)

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## Application Form

### 7. Requirements Agreement / Information Validity

#### 7.1 Certification Requirements

I, candidate to certification in Area, Method, Sector and Level mentioned in this document, declare that I read, understood and agreed with the requirements of the Certification Scheme, which are part of the General Document – Certification System Requirements (DDE-CER-001) and the applicable Supplementary Documents.

#### 7.2 Requirements for Certified Person

After receiving certification in the Area, Method, Sector and Level mentioned in this document, I declare, as a certified person, that I commit myself:

- a) to comply with the relevant requirements of the certification scheme;
- b) to make claims regarding certification only with respect to the scope for which certification has been granted;
- c) not to use the certification in such a manner as to bring the certification body into disrepute, and not to make any statement regarding the certification which the certification body considers misleading or unauthorized;
- d) to discontinue the use of all claims to certification that contain any reference to the certification body or certification upon suspension or withdrawal of certification, and to return any certificates issued by the certification body;
- e) not to use the certificate in a misleading manner;
- f) immediately inform RELACRE/OCP of any disability affecting the certification requirements;
- g) inform RELACRE/OCP whenever there is a significant interruption of activity and suspend the use of the certification reference, until the certificate revalidation conditions are met;
- h) update my personal data with the certification body.

#### 7.3 Information Validity

Furthermore, I declare that all the information and all the certificates which were sent are valid and can be included in my application process.

#### 7.4 Authorization to disclose information

I authorize all information obtained during my certification process to be sent to the contact person indicated in this application (point 3).

YES  NO

Date: \_\_\_\_\_ Candidate Signature: \_\_\_\_\_  
(as in the presented identification document or valid/certified electronic signature - preferred)



## Application Form

### 8. Data Protection Policy

- RELACRE/OCP complies with the current legislation regarding the protection of personal data and guarantees the confidentiality of all information and records obtained during the certification process, at all levels of its structure, except when compliance with a legal obligation or binding order issued by competent authorities.
- The personal data provided by the candidates (applicants) in the application model and/or communicated to RELACRE/OCP are those strictly necessary to identify the candidate and will be included in a database that will be used by RELACRE/OCP so that it is possible to manage the candidate's certification as well as the provision of other services inherent to the certification.
- The data collected can only be provided to third parties with the express authorization of the candidate. This standard applies even in cases where the certification is sponsored by the applicant's employer or by any other entity or person, regardless of their relationship with the candidate.
- The candidate may at any time, upon written request, withdraw the consent previously given.
- RELACRE/OCP reserves, however, the right to make the content of its files available to the representatives of the accrediting entities, for consultation in the auditing area.
- In compliance with its obligations as an accredited entity, and in compliance with other legal obligations, RELACRE/OCP provides, through its website, a search engine for certified technicians, which contains only the names of certified technicians, its number certificate, scope and validity date of certification.
- The candidate has the right to consult and modify/rectify the data related to his/her registration through a written request to RELACRE/OCP.
- In the same way, the candidate may request the removal of his/her data from all databases (right to be forgotten), after meeting the deadlines established in the certification process.
- The handling of these data is the responsibility of RELACRE/OCP, which guarantees their confidentiality and security and is obliged not to give them to third parties without the express consent of the candidates.

### 9. Other Conditions

- Applications must be submitted at least 15 days before the intended exam date. The examination is only confirmed if all the required documentation is delivered.
- Proof of payment of all associated costs must be sent before the exam date.
- RELACRE/OCP reserves the right to:
  - cancel or postpone the exams if the number of registered candidates is not sufficient;
  - suspend or cancel the accreditation of the Certification Schemes, due to lack of customers.
- It is up to certified technicians and employers to update contact details. RELACRE/OCP is not responsible for communication failures between the parties, whenever they have not been properly updated.
- RELACRE/OCP is not responsible for any accident that occurred during the exams, except those under its responsibility.
- The candidates must use the applicable Personal/Individual Protective Equipment and respect the safety rules.