


APPLICATION FORM FOR THE SCHEME „ PROFICIENCY TESTING IN NDT“

Participant fills the blue part

Scheme name Method	RT-02/2022/67 RADIOGRAPHIC TESTING	Participant No.:
Specimen: Plate with weld	Dimensions: 200 x 200 mm, thickness 15 mm	Sector: W - welds
Reference standards: EN ISO 17636-1, EN ISO 10675-1		Date of acceptance:
APPLICANT:		
Company name:	Click here to enter text.	Tax Identification Number Click here to enter text.
Contact address:	Click here to enter text.	
Billing address:	Click here to enter text.	
Responsible person: <i>(first name, surname and position)</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs Click here to enter text.	
	Phone: Click here to enter text.	E-mail: Click here to enter text.
Laboratory status:	<input type="checkbox"/> ACCREDITED <input type="checkbox"/> AUTHORIZED <input type="checkbox"/> WITHOUT ACCREDITATION AND AUTHORIZATION	
Name and address of the laboratory: <i>(if different from contact address)</i>	Click here to enter text.	
Street:	Click here to enter text.	
Postcode and location:	Click here to enter text.	
Contact person:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs Click here to enter text.	Tel./Mobile: Click here to enter text.
		E-mail: Click here to enter text.
Notes: <i>(here you can write non-suitable term)</i> Click here to enter text.		
We apply to assess the performance of NDT lab workers:		Click here to enter text
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO The number of registered workers of the laboratory:		
Applicant confirms to follow terms and conditions of „ General rules for proficiency testing participants“and guidelines on performance assessment of laboratory workers, and to pay the invoice based on price according to the valid ATG pricelist for the proficiency testing scheme.		
Signature of the responsible person:		Date and stamp:
PROFICIENCY TESTING PROVIDER:		
Name:	 Proficiency testing provider ATG (abbr. PZZ ATG)	
Contact address: <i>Advanced Technology Group s.r.o.</i>	ATG s.r.o. Ing. Lucie Zavadilová – PZZ ATG Toužimská 771 199 02 Praha - Letňany Česká republika	Tax Identification Number: CZ45314772
Information:	Václav Jandura, Ph.D. - Tel.: +420 273 037 620	jandura@atg.cz
http://www.atg.cz	Petr Tichý - Tel.: +420 731 471 890 Lucie Zavadilová – program coordinator	tichy@atg.cz zavadiloval@atg.cz
PLEASE SEND THE FILLED FORM TO THE ADDRESS OF THE PROFICIENCY TESTING PROVIDER ATG. IN CASE OF INDIVIDUAL QUESTIONS FEEL FREE TO CONTACT US.		