


APPLICATION FORM FOR THE SCHEME „ PROFICIENCY TESTING IN NDT“

Participant fills the blue part

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| Scheme name Method | UT-03/2022/61 ULTRASONIC TESTING | | Participant No.: |
| Specimen: Plate with weld | Dimensions: 300 x 300 mm, thickness 19 mm | Sector: W - welds | Date of acceptance: |
| Reference standards: EN ISO 10863, EN ISO 15626 | | | |
| 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. | | |
| | Click here to enter text. | | |
| | 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: | 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: <input type="checkbox"/> YES <input 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 | | Tax Identification Number: CZ45314772 |
| | ATG s.r.o. Ing. Lucie Zavadilová – PZZ ATG Toužimská 771 199 02 Praha - Letňany Česká republika | | |
| Information: http://www.atg.cz | Václav Jandura, Ph.D. - Tel.: +420 273 037 620 Petr Tichý - Tel.: +420 731 471 890 Lucie Zavadilová - coordinator | | jandura@atg.cz 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. | | | |