



# APPLICATION FORM FOR THE SCHEME „ PROFICIENCY TESTING IN NDT“

Participant fills the blue part

<b>Scheme name Method</b>	<b>RT-02/2019/36 RADIOGRAPHIC TESTING</b>		<b>Participant No.:</b>
<b>Specimen: Plate with weld</b>	<b>Dimensions: 163 x 200 mm, thickness 8 mm</b>	<b>Sector: W - welds</b>	<b>Date of acceptance:</b>
<b>Reference standards: EN ISO 17636-1, EN ISO 10675-1</b>			
<b>APPLICANT:</b>			
<b>Company name:</b>	Click here to enter text.		<b>Tax Identification Number</b> Click here to enter text.
<b>Contact address:</b>	Click here to enter text.		
<b>Billing address:</b>	Click here to enter text.		
<b>Responsible person:</b> <i>(first name, surname and position)</i>	Click here to enter text.		
	<b>Phone:</b> Click here to enter text.	<b>E-mail:</b> Click here to enter text.	
<b>Laboratory status:</b>	<input type="checkbox"/> ACCREDITED <input type="checkbox"/> AUTHORIZED <input type="checkbox"/> WITHOUT ACCREDITATION AND AUTHORIZATION		
<b>Name and address of the laboratory:</b> <i>(if different from contact address)</i> <b>Street:</b> <b>Postcode and location:</b>	Click here to enter text.		
	Click here to enter text.		
	Click here to enter text.		
<b>Contact person:</b> Click here to enter text.	<b>Tel./Mobile:</b>	<b>E-mail:</b> Click here to enter text.	
<b>Notes:</b> <i>(here you can write non-suitable term)</i> Click here to enter text.			
<b>We apply to assess the performance of NDT lab workers:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>The number of registered workers of the laboratory:</b>			<b>Click here to enter text</b>
<b>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.</b>			
<b>Signature of the responsible person:</b>		<b>Date and stamp:</b>	
<b>PROFICIENCY TESTING PROVIDER:</b>			
<b>Name:</b>		<b>Proficiency testing provider ATG</b> (abbr. PZZ ATG)	
<b>Contact address:</b> <i>Advanced Technology Group s.r.o.</i> 		<b>ATG s.r.o.</b> Ing. Jiří Pitter – PZZ ATG Toužimská 771 199 02 Praha - Letňany Česká republika	<b>Tax Identification Number:</b> <b>CZ45314772</b>
<b>Information:</b>	<b>Václav Jandura, Ph.D. - Tel.: +420 273 037 620</b>		<b>jandura@atg.cz</b>
<b>http://www.atg.cz</b>	<b>Petr Tichý - Tel.: +420 731 471 890</b> <b>Jiří Pitter - coordinator</b>		<b>tichy@atg.cz</b> <b>pitterj@atg.cz</b>
<b>PLEASE SEND THE FILLED FORM TO THE ADDRESS OF THE PROFICIENCY TESTING PROVIDER ATG. IN CASE OF INDIVIDUAL QUESTIONS FEEL FREE TO CONTACT US.</b>			