

## Application for the Certification according to DIN EN ISO 3834-2, -3, -4

Company:

Telephone:

Road, No.:

Telefax-No.:

Postcode, Place:

Email:

Plant Owner:

http://

Queries to:

Techn. Manager:

VAT No.:

The application is being filled for the plant:  
(only if different from above)

Road, No.:

Postcode, Place:

For DIN EN ISO 3834: -2 -3 -4

### Existing state of the Quality Management:

DIN EN ISO 9001,

Others:

existing and introduced.

Internal certified QM-System:

Certification body:

### Type of application:

First time application

⇒ please fill page 1-6

Renewal, current certificate expires (date):

⇒ if no changes, please fill only page 1,5 and 6

Following circumstances have changed:

⇒ please fill page 1 as well as the applicable page(s)

The company agrees that the company's data, this application will be recorded.

\_\_\_\_\_  
(Place, Date)

\_\_\_\_\_  
(Stamp and sign)

Plant:		<b>Plant description</b> (to be filled by the applicant)	plant inspection ( <b>do not fill</b> )
No.	Queries/Q-Requirements	Remarks of the auditor	
<b>1</b>	<b>Scope and welding processes</b>		
1.1	<b>Fields of application and and ranges of welding activities</b> (e.g. steel buildings, bridges and cranes)		
1.2	<b>Welding processes</b> (Reference numbers acc. to DIN EN ISO 4063)		
1.3	<b>Parent materials; minimum/maximum thickness</b> (e.g. EN 10025-2 S235JR, thickness 4 mm - 40 mm)		
1.4	<b>Fillers and auxiliary materials</b> Standard and/or trade name (e.g. DIN EN ISO 2560-A: E 42 4 B; DIN EN ISO 14341-A-G3Si1; DIN EN ISO 14175-M21)		
1.5	<b>Specialities</b>		

Plant:		<b>Plant description</b> (to filled by the applicant)	Plant inspection (do not fill)
No.	Queries/Q-Requirements	Remarks of the auditor	
<b>2</b>	<b>Personnel</b>		
2.1	Number of staff in design office: _____		
2.2	Number of staff in workshop and erection department: _____		
2.3	Welding personnel (full time employed by the company):		
2.3.1	Responsible welding coordinator <sup>*)</sup> Name, first name: _____ Date of birth: _____ Range of repsonsibility: _____		
2.3.1.1	Vocational training <sup>*)</sup> <input type="checkbox"/> Workmaster <input type="checkbox"/> Ing. <input type="checkbox"/> Bachelor of Engineering <input type="checkbox"/> Cert Master <input type="checkbox"/> Ing. (grad) <input type="checkbox"/> Bachelor of Science <input type="checkbox"/> Technician <input type="checkbox"/> Dipl.-Ing. <input type="checkbox"/> Master of Science		
2.3.1.2	Education in welding acc. to DVS-IIW 1170 <sup>*)</sup> <input type="checkbox"/> Welding specialist (SFM / EWS / IWS) <input type="checkbox"/> Welding technologist (ST / EWT / IWT) <input type="checkbox"/> Welding engineer (SFI / EWE / IWE)		
2.3.1.3	Other welding knowledge acc. to DIN EN ISO 14731 <sup>*)</sup> (not necessary if education acc. to 2.3.1.2) <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specific <input type="checkbox"/> Basic		
2.3.1.4	Organigram taking in account DIN EN ISO 14731 is available <input type="checkbox"/> if yes, please add <input type="checkbox"/> no		
2.3.1.5	Tasks of the responsible welding coordinator <input type="checkbox"/> Examination and evaluation of welder and operator tests incl. issuing of test certificates <input type="checkbox"/> Performing NDT supervision (Level 3 acc. to EN 473) <input type="checkbox"/> Additional tasks:		
2.3.1.6	Agreement to the items above		
Date _____	Name _____		

<sup>\*)</sup> Copies of diplomas or certificates in NDT education shall be added, if available



Plant:		<b>Plant description</b> (to filled by the applicant)	Plant inspection (do not fill)						
<b>No.</b>	<b>Queries/Q-Requirements</b>		<b>Remarks of the auditor</b>						
<b>3</b>	<b>Company facilities <sup>*)</sup></b> <sup>*)</sup> if the space is to small please give information on additional sheets.								
<b>3.1</b>	<b>Size of the workshop(s)</b> total approx. in _____ m <sup>2</sup>								
<b>3.2</b>	<b>Size of the welding shop(s)</b> total approx. in _____ m <sup>2</sup>								
<b>3.3</b>	<b>Welding equipment</b>								
	<table border="1"> <thead> <tr> <th>Number</th> <th>Type of welding equipment</th> <th>max. current</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Number	Type of welding equipment	max. current			
Number	Type of welding equipment	max. current							
<b>3.4</b>	<b>Type of storage of the filler metals and auxiliary materials:</b>								
<b>3.4.1</b>	<b>Redrying facilities for the fillers:</b>								
<b>3.5</b>	<b>Type of storage for base materials:</b>								
<b>3.6</b>	<b>Machines for weld preparation:</b>								
<b>3.7</b>	<b>Lifting equipment:</b>								
<b>3.8</b>	<b>Tacking/Welding jigs:</b>								
<b>3.9</b>	<b>Equipment for preheating and - heat treatment:</b>								
<b>3.10</b>	<b>Equipment for NDT, DT and metallographic testing:</b>								
<b>3.10.1</b>	<b>In-house:</b>								
<b>3.10.2</b>	<b>Outside at the companies/institutes:</b>								