

# AGREEMENT-ORDER FOR THE CERTIFICATION OF WELDERS / WELDING OPERATORS



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**Date:** 10.12.2021

**Doc. No:** AEW-F-03    **Revision:** 03

CLIENT INFORMATION			
Client's Name:		<input type="checkbox"/> Private Client	<input type="checkbox"/> Legal Entity
Address:			
Contact Person:			
Phone:		Email:	
Examination Location:		Welding Date:	

CLIENT FILLS OUT
Directive / Standard:
<input type="checkbox"/> EN ISO 9606-1(9.3a)
<input type="checkbox"/> EN ISO 9606-2
<input type="checkbox"/> EN ISO 9606-3
<input type="checkbox"/> EN ISO 14732
<input type="checkbox"/> 2014/68/EU
<input type="checkbox"/> Other:

FILLS BY AEW MTÜ
Order No:
Date:
Examiner:

CLIENT SIGNATURE	DATE	
		The client confirms that they have familiarized themselves with the "Typical Conditions for Certification of Welders and Welding Operators" AEW-STT-01 and understand their content and undertake to comply with them. The client agrees to pay all costs arising from and associated with the certification activities.

FILLS BY CLIENT											
No.	Welder's Exam Designation	(p) WPS No.	Electrode Metal Transfer Mode	Welding current type / polarity	Parent Material Group	Filler Material group	Shielding gas	Welder's name and surname	Personal identification code or passport number	Identification document	Date and place of birth
1											

FILLS BY AEW MTÜ							
Exam registration number	NDT		DT			Job knowledge test	Other information
	Visual test	RT or UT	Fracture test	Bend test	Macroscopic examination		
13	14	15	16	17	18	19	20

EMPLOYER'S SIGNATURE	
	I confirm that all applicants have at least 1 year of experience in the field of certification being applied for, including uninterrupted experience in the last 6 months.

AEW MTÜ STAMP AND SIGNATURE