



V2 CONSULTING LIMITED

WELDING INSPECTION RENEWAL APPLICATION

GENERAL INFORMATION (please read carefully before completing application).

ICP certificates have an issue status of either 01 or 02. Certificates at issue 01 are eligible for renewal, whilst certificates at issue 02 must be recertified.

Issue 01 certificates may be renewed following a review of satisfactory verifiable evidence that:

- The holder has a record of continuous satisfactory work activity, without significant interruption, in inspection and/or testing work appropriate to the scope of the certificate.
- Maintained or updated his or her knowledge in the relevant technology.

This form (V2_GE01B) is only to be used to apply for renewal of ICP weld inspection certification.

Please use V2_GE01D for initial examination, recertification, or retest of failed examinations.

Form V2_GE14 is to be used to record the minimum inspection experience required to gain and maintain ICP certification.

PART 1. CANDIDATE'S PERSONAL DETAILS

Family name:		Given names:	
Cert No:		Expiry Date:	
Candidate's usual residence, including post code (address that will be shown on the certificate):		Address, including postcode, to which the ICP certificate, when issued, is to be sent.	
CANDIDATE'S SIGNATURE AUTHORIZING CERTIFICATE TO BE SENT TO ABOVE ADDRESS:			
Telephone number:		ICP number:	
E-mail address:		Date of birth (dd/mm/yyyy):	
Gender (optional):			

It may be possible to make provision in ICP examinations for disabled candidates. If you are disabled please bring this fact to the attention of the examining body.

PART 2. CURRENT EMPLOYMENT DETAILS (V2_GE14 should be used to record past employment.)

Employer's name and address (if self employed, state this here):	
Post code:	Email:
Candidate's position in the organisation:	Manager or supervisor's name:
I have been employed by the above organisation from: _____ to: _____	



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PART 3 - CONTINUITY OF WELD INSPECTION EXPERIENCE

(Please provide inspection duties carried out over the past 5 years (Actual manual inspection duties, not witness of inspection) one statement per year must be stated and include verifiable details of at least one weld inspection task per annum on V2_GE14.

PART 4 - CONTINUING PROFESSIONAL DEVELOPMENT SPECIFIC TO WELD INSPECTION INCLUDING DATES

(please provide a detailed description of the nature and duration of relevant further training (external or on-the-job), membership of a relevant professional society, or attendance at events that may be considered as providing professional development during the past five years – continuing on a separate sheet if necessary)



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PART 5 - CANDIDATE'S STATEMENT CONFIRMING ELIGIBILITY FOR RENEWAL

I have read and understand ICP Requirements for the certification of personnel engaged in Inspection, particularly the criteria for eligibility, and hereby confirm that I satisfy those criteria covering vision, training and experience. I understand that, in the event of a false statement being discovered, any certification awarded will be null and void.

In the event that I should be awarded ICP certification, I hereby undertake to comply with the ICP Code of Ethics (published as ICP document V2_GE06).

SIGNATURE: DATE:

Send correctly completed application form to:

E-mail: icp@v2cl.com OR

Post: V2 Consulting Limited – Certification Service Division
Unit C, 4/F, Wai Cheung Industrial Center,
No. 5, Shek Pai Tau Road, Tuen Mun, N.T., Hong Kong

ATTACH

- a. ICP Vision Requirements, including optional form for recording results of tests vision test certificate issued within the preceding 12 months (V2_GE02 may be used)
- b. a record of experience using form V2_GE14
- c. Certification fee

There will be an administrative charge for rejected applications.

PART 6 - VERIFICATION OF CANDIDATE PROVIDED INFORMATION

(to be completed by the sponsor, employer or, if the candidate is self-employed, a referee)

To the best of my belief, the information provided by the applicant named in Part 1 of this form is correct at the time of signing.

NAME:	COMPANY:
POSITION:	TELEPHONE:
E-MAIL:	
SIGNATURE:	DATE:

PART 8. PAYMENT

Name and address for invoice (if different from candidate's), including telephone number and e-mail address:
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FOR V2CL USE

Application number		Date received	
V2CL Invoice No		Date payment received and amount	
Renewal authorised		Categories awarded	
New expiry date		Certificate dispatch date	
Authorised by (name)		Position	
Authorising signature		Date	