



V2 CONSULTING LIMITED

WELDING INSPECTION EXAMINATION APPLICATION

INFORMATION TO BE PROVIDED BY CANDIDATE (complete parts 1 to 6 inclusive)

If uncertain of the requirements, consult ICP or the Examination Centre before proceeding. This application form asks for specific details on experience and training and must be signed to the effect that these details are correct. In the event of a false statement being discovered, any certification awarded as a result of the examination will be null and void. Please complete all of the following parts.

PART 1. CANDIDATE'S PERSONAL DETAILS

Family name:		Given names:	
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.	
CANDIDATES SIGNATURE AUTHORISING 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:

PART 3. EXAMINATION APPLIED FOR (provide information indicated or tick relevant boxes)

Preferred examination date and venue:					
Code, specification or standard (<i>in full</i>) chosen for use in Welding Inspector examinations:					
Level 1		Level 2		Level 3	
Initial examination		Retest		Recertification	



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PART 4. PRE-CERTIFICATION TRAINING

Attach evidence of satisfactory completion of ICP approved training course or provide the following details for classroom training;

Name of training organisation and title/reference of relevant training course:	
Dates of course (from/to):	



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PART 5. EXPERIENCE (please provide a brief description of the nature and duration of your employment as a weld inspector – continue on a separate sheet or use form V2_GE14 if necessary).

PART 6. CANDIDATE’S STATEMENT CONFIRMING ELIGIBILITY FOR EXAMINATION

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

I understand that, in the event of a false statement being discovered, any certification awarded as a result of the examination will be null and void. I accept responsibility for payment of examination fees in the event of non-payment by the sponsor.

NOTE: V2CL will store and use the information given on this form only for the purpose for which it has been provided. Your personal details and any other data you provide to V2CL will not be passed on to a third-party without your permission.

SIGNATURE: DATE:

Attach

- a. Vision test certificate (ICP V2_GE02 may be used) unless vision test arranged at Examination Centre
- b. Evidence of experience (ICP document V2_GE14 is a mandatory requirement)
- c. Correct examination fee (unless part 8 of this form is appropriately completed); details of fees are available from the examination centre.

Bring

- d. One passport photograph (unless already a holder of an ICP identity card issued within the past 10 years, or if photographs are to be taken at the Examination Centre - check beforehand if facilities are available on site)
- e. Your ICP record of certification and ICP identity card (if already an ICP certificate holder)

PART 7. VERIFICATION OF CANDIDATE’S STATEMENT BY THE SPONSOR, EMPLOYER OR, IF THE CANDIDATE IS SELF-EMPLOYED, A REFEREE.

To the best of my belief, the candidate's statement given in part 6 is correct at the time of signing.

NAME: SIGNATURE:

COMPANY: EMAIL:

TELEPHONE:



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PART 8. PAYMENT

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

FOR OPTIONAL USE BY THE EXAMINATION CENTRE

EXAMINATION DATE: EXAMINATION VENUE:

EXAMINER: MODERATOR:

PAYMENT RECEIVED: RESULT REFERENCE:

EXAMINATION FILE COMPLETE AND CLOSED (initials/date):

REMARKS (if any verification sought and obtained, record details below):