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| Please return this form to: | TÜV InterCert s.r.l. Group of TÜV Saarland  Via Cecati 1/1 - 42013 Reggio Emilia (Italia)  Fax: +39 0522 517679  [sharon.narsiti@tuvintercert.com](mailto:Sharon.narsiti@tuvintercert.com) |

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| **Company:** |  | | |
| **Address:** |  | | |
| **Qualification carried out at:** |  | | |
| **VAT:** |  | | |
| **Contact person:** |  | | |
| **Telephone:** |  | **Internal deal:** |  |
| **Fax:** |  | **E-mail:** |  |
| **Location of welding/brazing:** |  | | |
| **Test laboratory (if known):** |  | | |
| **Standards for which the request is submitted:** |  | | |

**Number of welding/brazing procedures previewed (personnel will be included in the certification program):**

| **Procedure:**  **(TIG, MIG, MAG, ARCO SOMMERSO…)** | **Type of joint:** | **Material:** | **∅ (mm) :** | **Thinckness (mm)** |
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**Number of people to qualify in addition to those involved in the procedures approval above (if previewed in the procedures qualification):**

| **Procedure:**  **(TIG, MIG, MAG, ARCO SOMMERSO…)** | **Type of joint:** | **Material:** | **∅ (mm) :** | **Thinckness (mm)** |
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| **Number and type of the welding/brazing facilities:** |  |
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**Note: additional information provided by the customer, which can be useful for the offer, will be glad accepted**

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| **Place, date** |  | **Company stamp and signature** |