**Personal details:**

|  |  |  |
| --- | --- | --- |
| **Certificate number:** | **Inspector name:** | **Inspector signature:** |

The following table must be filled out to verify minimum 2 years inspection experience during last 5 period. Impartial contact information required.

1. Give time period- year i.e. MMYYYY-MMYYYY
2. Describe types of inspection
* Surface treatment: i.e. pre-treatment, DFT, adhesion, contamination, visual, final inspection, relevant standards
* Insulation: installation, cladding, inspection of layers, control of cladding and materials, substrate for insulation
1. Name the project or activity
2. Project owner, company or client
3. Impartial contact details (must be confirmed by company or person who has no interest in your certificate. Your company which is not considered impartial). Signature of contact persons are not required.
4. Signature and stamp of authorized person of your current employer.

**\* Only one reference list needs to be filled out with list of all IMPARTIAL company or contacts.**

**\* Add necessary lines to table**

**\* The information submitted will be treated in accordance to the GDPR directive (European data protection regulation). It is only for internal use and information will not be used for any other purpose and will not be communicated to third party.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time period month/year to month/year1)** | **Types of inspection 2)** | **Project or activity 3)** | **Project owner****/Company/client 4)** | **Contact details (impartial):****name, company, job title and e-mail 5)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Current company signature6):**

|  |  |
| --- | --- |
| **Date:** | **Current company signature and stamp** |
| **Name in capital letters of authorized person** | **Signature and stamp** |