



INDUSTRIJSKE IZKUŠNJE

INDUSTRIAL EXPERIENCE

1. PODATKI O IMETNIKU CERTIFIKATA / CERTIFICATE HOLDER DATA

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| Ime in priimek: <i>Name and surname:</i> | | | |
| Datum in kraj rojstva: <i>Date and place of birth:</i> | | | |
| NDT metoda: <i>NDT Method:</i> | Stopnja certificiranja: <i>Level of Certification:</i> | Sektor(ji): <i>Sector(s):</i> | |
| NDT izkušnje za obdobje: <i>NDT work activity period:</i> | Namen certificiranja: <i>Purpose of certification:</i> | <input type="checkbox"/> Prvo certificiranje <i>First qualification</i> <input type="checkbox"/> Podaljšanje ^(a) /recertifikacija ^(b) <i>Renewal^(a)/recertification^(b)</i> | |

Zgoraj navedena oseba je opravljala neprekinjeno zadovoljivo delovno aktivnost brez pomembne prekinitev^(c) v metodah, sektorjih in stopnjah, za katere je certificirana, kar dokazuje z vsaj enim preverljivim dokumentarnim dokazilom na leto, v okviru veljavnosti potrdila posameznika. Poleg tega potrebno dodati eno celotno PDF poročilo. / The person stated above has performed continuous satisfactory work activity without significant interruption^(c) in the method(s), sector(s) and level(s), for which he/she is certified, which is proved by at least one verifiable documentary evidence per year, within the individual's certification validity. In addition, it is necessary to add one complete PDF report.

2. PODATKI O DELOVNI AKTIVNOSTI / WORK ACTIVITY DATA

| Delodajalec <i>Employer</i> | Kontaktna oseba (ime, e-naslov, telefon) <i>Contact person (name, e-mail, phone)</i> | Dokumentirani dokazi^(d) <i>Documentary evidence^(d)</i> | Datum delovne aktivnosti <i>Date of work activity</i> |
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^(a) podaljšanje / *renewal* - v primeru nepriloženih preverljivih dokumentiranih dokazov o stalni delovni aktivnosti je potrebno opravljati izpit za ponovno certificiranje/recertifikacijo (praktični del) / in the case of non-attached verifiable documented evidence of work activity, it is necessary to take an exam for recertification (practical part)

^(b) ponovno certificiranje oz. recertifikacija / *recertification* - v primeru nezadostnih podatkov o stalni delovni aktivnosti (točka 2) je potrebno opravljati celotni izpit (splošni, specifični, praktični del) / in case of insufficient data on work activity (Item 2), it is necessary to take the entire exam (general, specific, practical part)

^(c) pomembna prekinitev / *significant interruption* - neizvajanje ali sprememba dejavnosti, ki certificiranemu posamezniku preprečuje, da bi izvajal naloge, ustrezne njegovi stopnji, po metodi in v sektorjih, za katere je certificiran, za neprekinjeno obdobje več kot eno leto ali dve ali več obdobji, ki presega dve leti (pri izračunavanju prekinitve se ne upoštevajo prazniki ali bolniški dopusti in tečajji v trajanju manj kot 30 dni / absence or change of activity which prevents the certified individual from practicing the duties corresponding to the level in the method and the sector(s) within the certified scope, for either a continuous period in excess of one year or two or more periods for a total time exceeding two years (Legal holidays or periods of sickness or courses of less than 30 days are not taken into account when calculating the interruption).

^(d) dokumentirani dokazi / *documentary evidence* - npr. št. projekta, št. poročila, št. postopka / pisnega navodila, kjer je posameznik sodeloval / for example no. of project, no. of report, no. of procedure / written instruction in which the individual participated

Po mojem najboljšem prepričanju potrjujem, da so zgornje izjave imetnika certifikata ob podpisu točne. / To the best of my belief, I confirm the certificate holder's statements given above are correct at the time of signing.

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| Datum: <i>Date:</i> | Funkcija osebe, ki potrjuje neprekinjeno delovno aktivnost: <i>Function of the person confirming continuous work activity:</i> | Ime, podpis in žig predstavnika delodajalca, ki potrjuje neprekinjeno delovno aktivnost: <i>Name, signature and stamp of employer representative confirming continuous work activity:</i> |
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3. IZPOLNI CERTIFIKACIJSKI ORGAN / COMPLETED BY THE CERTIFICATION BODY

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|-------------------------------|---|-------------------------------------|
| Datum: <i>Date:</i> | Certifikacijski organ: <i>Certification Body:</i> | Podpis: <i>Signature:</i> |
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