



APPLICATION FORM FOR THE SCHEME „ PROFICIENCY TESTING IN NDT“

Participant fills the blue part

SCHEME NAME / METHOD : UT-03/2015/07 ULTRASONIC TESTING		Participant No.:	
Type of NDT proficiency testing scheme:		Application date:	
<input type="checkbox"/> verification <input type="checkbox"/> periodical			
APPLICANT:			
Company name:		VAT:	
Contact address:			
Responsible person: <i>(first name, surname and post).</i>		Phone:	
		E-mail:	
Laboratory status: <input type="checkbox"/> ACCREDITED <input type="checkbox"/> AUTHORIZED <input type="checkbox"/> WITHOUT ACCREDITATION AND AUTHORIZATION			
Additional information:			
Name and address of the laboratory: <i>(if different from contact address)</i> Street: postcode and location:			
Notes: (here you can write non-suitable term or future interest in the different sector)			
Applicant confirms to keep to the term of „ General rules for proficiency testing participants“ and to pay the invoice based price according to the valid ATG pricelist for the proficiency testing scheme.			
Signature of the responsible person:		Date and stamp:	
		Provider of Proficiency Testing ATG (abb. PZZ ATG)	
Contact address: <i>Advanced Technology Group s.r.o.</i> 		ATG s.r.o. Ing. Jiří Pitter – PZZ ATG Beranových 65 CZ 199 02 Praha-Letňany Czech Republic	
		Identification Number: 45314772 Tax Identification Number: CZ45314772	
Information:		Petr Tichý - Tel.: +420 731 471 890 / E-mail: tichy@atg.cz	
Václav Jandura, Ph.D. - Tel.: +420 273 037 620 / E-mail: jandura@atg.cz / http://www.atg.cz			
PLEASE SEND THE FILLED FORM TO THE ADDRESS OF THE PROFICIENCY TESTING PROVIDER ATG. IN CASE OF INDIVIDUAL QUESTIONS FEEL FREE TO CONTACT US.			