

IECEX 05 APPLICATION FORM

Application for a Certificate of Personnel Competency (CoPC)

Hereby I request an assessment and certification based on the accompanying evidence of competency provided according to the rules and procedures of the current version of IECEx 05:

	New Certificate	Change Certificate	Re-certification
Certificate number (if applicable)	IECEX CP (xx.xxxx)		
Applicant	Name		
	Address		
	Postal code		
	City		
	Country		
	Date of birth		
	Cellphone / Telephone		
	Email address		
Applicant employer	Company		
	Represented by		
	Address		
	Postal code		
	City		
	Country		
	Phone / email		
	VAT number		
Invoice address (if different from applicant employer)	Company		
	Represented by		
	Address		
	Postal code		
	City		
	Country		
	Phone / email		
<u>Scope (Units of competency) for which certification is requested:</u>			
Units of Competence (mark the unit)			
	Ex 000 – Basic knowledge and awareness		
	Ex 001 – Apply basic principles of protection		
	Ex 002 – Perform classification of hazardous areas		
	Ex 003 – Install explosion-protected equipment and wiring systems		
	Ex 004 – Maintain equipment in explosive atmospheres		
	Ex 005 – Overhaul and repair of explosion-protected equipment		
	Ex 006 – Test electrical installations in or associated with explosive atmospheres		
	Ex 007 – Perform visual and close inspection of electrical installations		
	Ex 008 – Perform detailed inspection of electrical installations		
	Ex 009 – Design electrical installations in or associated with explosive atmospheres		
	Ex 010 – Perform audit inspection of electrical installations		
Limitations as according OD 502 clause 2.3 regarding types of protection, product types, groups and voltages:			

See attachments for additional information regarding education, training and experience

DECLARATION

Together with this application, I have provided full information regarding education, training and experience. I am aware of and familiar with the requirements for the IECEx Certificate of Personnel Competency (CoPC). Should my application for certification be accepted, I understand that these requirements shall be fulfilled.

I declare that an application has not been accepted by another ExCB, that I will comply with existing requirements for the IECEx CoPC Scheme, will not misrepresent the scope of certification and agree to pay the expenses in connection with my application.

ROYAL PBNA assesses the evidence provided to determine whether it satisfies the requirements referred to in the current edition of Operational Document (OD) 504. The outcome of the assessment is notified to the applicant.

If the applicant is not residing in an IECEx Member Country or is acting on behalf of an organization not situated in an IECEx Member Country, a surcharge applies for the application, the amount of which is to be decided by the IECEx Management Committee (ExMC).

The applicant shall inform ROYAL PBNA of any change regarding the content of the CoPC. ROYAL PBNA evaluates the changes and decides whether the CoPC complies with the applicable requirements or whether a re-assessment is required.

The CoPC will be valid for a maximum period of five (5) years, and may be extended repeatedly for not more than five (5) years at a time, on application filed by the applicant before the expiration of the aforesaid period of time or its extension. After receipt of such application, ROYAL PBNA carries out a re-assessment, at its then current rates and terms and conditions.

Ex Competent Person that has attained and maintain IECEx Certification for the services they provide may affix the IECEx CoPC reference adjacent to the signature, to reports and stationery providing that there is no misrepresentation of the scope of certification.

ROYAL PBNA will take into account any feedback from the employer or other parties, make appropriate investigations, and if necessary take steps to correct, withdraw or cancel certification.

To the assessment and certification the PBNA general terms and conditions for the performance of assessment and certification services are applicable, exclusive of any other general requirements.

Signed (applicant):	Place:	Date:
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Signed (officer of the company that will pay the invoice):	Place:	Date:
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