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| **APPLICATION FOR CERTIFICATION OF PERSONNEL COMPETENCIES (CoPC)** | | | |
|  | \* **Given name** : | \* **Family name** : | |
| \* **Mobile No.** : | \* **E-mail** : | |
| \* **Date of Birth**: (yyyy-mm-dd) : | | |
| **Applicant employer** : | | |
| \* **Address**: (this is where we will send your wallet ID card) | | |
| \* **New certificate, or change/renewal of existing certificate?**  🞎 New certificate  🞎 Change/Renewal Certificate No.:  🞎 Change of CB/Renewal Certificate No.: | | | |
| \* **Units applied for**  🞎 Ex 000 Basic knowledge and awareness to **enter a site** that includes a classified hazardous area.  🞎 Ex 001 Apply **basic** principles of protection in explosive atmospheres  🞎 Ex 002 Perform **classification** of hazardous areas  🞎 Ex 003/006 **Install** Ex equipment and wiring systems / **Test** Ex installations  (Ex 001 is a prerequisite)  🞎 Ex 004/007/008 **Maintain** equipment / Perform **visual, close and detailed inspection** of Ex installations  (Ex 001 is a prerequisite)  🞎 Ex 009 **Design** electrical installations in or associated with explosive atmospheres  (Ex 001 is a prerequisite) | | | |
| \* **In what country do you wish to take the assessment?**  🞎 Norway 🞎 Korea 🞎 Vietnam 🞎 Other(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | |
| \* **By default, you will apply as an Operative Person with high-voltage limitation**  🗹 OK  *By default High Voltage is excluded as a limitation from Ex 003, 004, 006, 007, 008 and 009. If you can provide evidence that you have competence in high voltage (1000 V a.c. or 1500 V d.c.) switching and safe isolation, this limitation will be removed.*  More options:  🞎 I enclose evidence for high voltage competence  🞎 I apply as a Responsible Person  🞎 I apply for a limitation of the scope:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *See IECEx OD 502 chapter 2.3 and specify what types of protection, product types, groups and voltages you want your assessment and certificate to be restricted to.* | | | **Limitations**   * If limitations apply, please provide further details * Scope limitations are not applicable to Unit Ex 000 * Unit Ex 001 may be limited by Explosion-protection technique only |
| \* **Declaration**   * I am aware of and familiar with the requirements for the IECEx Certificate of Personnel Competence or the IECEx Ex Facility Orientation Certificate (EFOC). Should my application for certification be accepted, I understand that these requirements shall be fulfilled. * I accept that my contact- and assessment details will be stored by Exert Certification for 5 years in accordance with the rules of IECEx. * I confirm that certificate shall be issued and uploaded at [www.iecex.com](http://www.iecex.com) by successful assessment result for the unit(s) applied for. I agree to notify Exert Certification in written and before the assessment(s), in case I want to hold the issuing of the certificate due to plans of assessing higher units within 3 months after first assessment. * I will notify the Certification Body in good time before the assessment if I am in the need of any special accommodation in connection with the execution of the assessment(s). * I declare that I will not disclose any information about the assessment questions and assignments to any third party. * I declare that I will comply with existing requirements for the IECEx Certification of Personnel Competence Scheme, will not misrepresent the scope of certification and agree to pay the expenses in connection with my application. * I have no current application pending with any other ExCB. * I declare that all information provided with this application is true and correct.   \* Applying date (yyyy-mm-dd) : \* Applicant signature : | | | |

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| **Education, Training and Work Experience** |
| **Work experience both Hazardous and Non-Hazardous Areas**  Send a brief resume (CV) in chronological order (latest experience first). The resume should provide details of the Employer, type of industry, position and responsibility.  **Work experience in or associated with Hazardous Areas**  See IECEx OD 504 and specify the relevant information related to the prerequisites for the units you apply for in the fields below. The Work Experience Record should include examples of **actual work done** in or associated with hazardous areas.  Send evidence of the relevant training and work experience.  **To see if you fulfill the prerequisites in OD 504, your experience is assessed on the basis of:**   * Qualifications, education and training  [Level of technical education attained] * Experience period  [Total years of relevant experience] * Relevance of experience  [e.g. installation, design, selection, inspection, test, maintenance etc.] * Level of supervision  [Supervision of others, or work under supervision] * Type of sites and plants worked on  [e.g. shipbuilding, oil, chemical, petrochemical, pharmaceutical, waste water, mill, sugar refinery, woodworking etc.]   Sufficient information should be provided to enable an evaluation to be made of your work experience. |
| A full description of the IECEx Scheme for Certification of Personnel Competence for Explosive Atmospheres can be found at [www.iecex.com](http://www.iecex.com) Candidates should familiarise themselves with the following publications:  IECEx 05 Rules of Procedure  IECEx OD 502 Application for an IECEx Certificate of Personnel Competencies (CoPC), documentation and   information requirements  IECEx OD 503 ExCB Procedures for issuing and maintaining IECEx Certificates of Personnel Competencies  IECEx OD 504 Specification for Units of Competency Assessment Outcomes |

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| **Work Experience Record** | |
| Applicant Employer  (Company name, contact number) |  |
| Relevant qualifications, education and training |  |
| Describe your work experience relevant to the units you apply for, including the duration of the work |  |
| Ex protection techniques used |  |
| Standards used |  |
| Your responsibilities for this work (did you supervise others, did you work independently, or did you work under supervision?) |  |