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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.:  |
| \* **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 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 🞎 China 🞎 Malaysia 🞎 Other(\_\_\_\_\_\_\_\_\_\_\_) |
| \* **By default, you will apply as an Operative without Limitations.**🗹 OK 🞎 More options (Please check No. 1,2,3)1. 🞎 I apply as a Responsible Person
2. 🞎 I apply for a limitation of the scope
3. 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
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| \* **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 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 familiarize themselves with the following publications:IECEx 05 Rules of ProcedureIECEx OD 502 Application for an IECEx Certificate of Personnel Competencies (CoPC), documentation and  information requirementsIECEx OD 503 ExCB Procedures for issuing and maintaining IECEx Certificates of Personnel CompetenciesIECEx OD 504 Specification for Units of Competency Assessment Outcomes |

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| **Work Experience Record** |
| Applicant Employer(Company name, contact number) |  |
| What are your qualifications or education? and training | *Example:**1995-1998: Bachelor of Electronics Engineering, Uppsala University, Sweden* *2005: 3-days Ex-Basic training, X institute, Scotland**2011: 5 days EEHA training, Y institute, Australia* |
| 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?) |  |