

Application form to purchase and use the examination question bank

The information provided by the applicant Certification Body will be treated strictly in confidence. Please answer all questions fully.

NAME & ADDRESS OF APPLICANT CERTIFICATION BODY:

.....
.....
.....

Telephone:..... fax: e-mail:.....

NAME OF RESPONSIBLE PERSONNEL

Certification Body Chief Executive

Chairman of the Governing Board

DECLARATION:

I undertake, on behalf of the applicant certification body, to comply with the terms and conditions for purchase and use of the EFNDT examination question bank as stated in document EFNDT/CEC/P/05-009, and understand that, when completed, this form will form a contract between the applicant organisation and the EFNDT.

I enclose the current License application fee of € 7,500, the accreditation document required in support of the application, and a copy of the signed Code of Practice for Certification Body.

Signature: Date:

Name and Position:..... Seal of the Certifying Body
(Senior officer as a minimum)

Completed applications, with supporting documents, should be forwarded to:

The EFNDT Questions Bank Management
c/o BINDT
1 Spencer Parade
Northampton NN1 5AA
United Kingdom
Tel: +44 1604 259056