|  |  |
| --- | --- |
| **iCert Α.Ε. – PERSONNEL CERTIFICATION BODY**  **1 Veranzerou, Athens, Greece**  **Phone: 2103808566 / email: info@icert. gr** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Α.1 Personal data** | | | | | |
| Full name |  | | | | |
| Father's name |  | | Mother’s name |  | |
| Date of birth |  | | | | |
| Phone numbers |  | | E-mail |  | |
|  | |
| Postal Address  (Street - Number, Postal Code, Municipality, City) |  | | | | |
| VAT |  | | Tax Office |  | |
| **Proof of identity** | | | | | |
| Identity Card (ID card number) | | Passport (number) | | | Driving licence (number) |
|  | |  | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Α.2 Invoice issue details (if different from the above in A.1)** | | | |
| Name |  | Occupation |  |
| Phone |  | E-mail |  |
| VAT |  | Tax Office |  |

|  |
| --- |
| **Α.3 Specialty Certification (for which the application is submitted)** |
|  |

|  |  |
| --- | --- |
| **Α.4 Recertification application details**  ***\*To be completed only in the event that this concerns a re-certification request*** | |
| **Number of the corresponding Certificate in force** | **Date of expiry of the certificate in force** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Α.5 Language of Examination**  ***\*provided the possibility of examination in English is given by the Certification Body*** | | | |
| Greek |  | English |  |

|  |
| --- |
| **Α.6 Specific requirements** |
| |  |  |  | | --- | --- | --- | | |  | | --- | |  |   I am a person with disabilities (disabled) |  |   \*If you mark an X in the field above, please choose which of the following subjects you are having difficulties with:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Vision | |  | | --- | |  | | Hearing | |  | | --- | |  | | | Physical | |  | | --- | |  | | Intellectual | |  | | --- | |  | | |  |
| *\*If you mark X in the 1st field of this Section, a relevant Medical certificate/opinion must be submitted along with the application.* |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name of Legal Representative | |  | |
| **Proof of identity of the legal Representative** | | | |
| Identity Card (ID card number) | Passport (number) | | Driving licence (number) |
| ${representative\_id\_number1} |  | |  |

|  |  |
| --- | --- |
| **Α.7 Commitment by the interested party** | |
| I hereby request my certification in accordance with the above stated in section A.3 hereof and confirm that I understand and agree to the following terms:  1. I have read and accept the terms and requirements of the General Regulations for the Certification of Persons and the relevant Special Regulations for the Certification of Persons for the thematic units (certification schemes) for which I request certification.  2. I will monitor and comply with the relevant Codes of Ethics, the terms of use of the Certification Logo and the Certificate (Code of Use of the Certificate), as well as the obligations of certified Persons of the PCΒ. I will not use the certification in such a way as to offend the impartiality of iCert.  3. I will not take any action aimed at leaking the examination material or distorting the result of the certification examination.  4. The information I have stated in this application is true, while for any additional requirements, I will provide them to the PCB on time. However, if I declare a mistake or hide information or violate the terms/requirements, I may be excluded from the relevant certification, or be removed from the lists of certified professionals of the PCB. | 5. Once I am certified, my details will be included in the respective List of Certified Persons of PCB and my certification may be notified to the Competent Authority, or to third parties, if required.  6. I am obliged to pay the fees to the PCB on time, as provided in the General Regulation for the Certification of Persons.  7. I will declare immediately to the PCB any information that may be considered to reasonably affect my ability to perform my duties effectively as a certified professional.  8. I am aware of the requirements for registration in the List of certified persons of the PCB for the certification I am requesting.  9. I consent to the use and processing of my personal data and supporting documents in any way, such as the collection, storage and transmission to any competent authority, for the purpose of my participation in the certification activities provided by the PCB. My data will be kept up to date and secure for at least one certification cycle. In case of remote examination, I agree to the recording of the examination and specifically of the image and sound. I also agree that the PCB may use my contact information to notify me by telephone or email of the certification process. |

|  |  |
| --- | --- |
| **Α.8 Application’s truthfulness and commitment acceptance**  ***(\*To be completed by the interested party/candidate)*** | |
|  |  |
| *Date* | *Signature of the applicant or of his/her Legal Representative* |

|  |
| --- |
| **Β.1 Application Approval**  ***(\*To be completed by the Certification Body taking into account the adequacy of the declared information and relevant/required evidence)*** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Yes | ⬜ |  | No | ⬜ |  |  |  | | --- | --- | |  | | |  |  | | *Date* | *Full name - Signature* | |

