

TÜV NORD CERT GmbH  
Personal certification

By mail:  
[TNCERT-PZ@tuev-nord.de](mailto:TNCERT-PZ@tuev-nord.de)

## Certification application for SHE - Personnel

This is an application for initial certification -as (please tick as appropriate):

- Operationally active manager in accordance with document 017 of the SCC standardised rules and regulations  
(Managers are authorised to issue instructions and are involved in the provision of services - e.g: Site manager, project manager, foreman, technician, foreman, senior fitter, foreman\*)
- operational employees in accordance with document 018 of the SCC standardised regulations  
(Employees are directly involved in the provision of services - e.g: Labourers, skilled workers, fitters\*)

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### 1. information on the applicant and the application

#### Details of the applicant/certifying person

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Title	Name	First name
Address (street, house no., postcode, town)		
Telephone	Fax	e-mail
Date of birth	Place of birth	

#### Details of the client/company (not applicable if the applicant is the client)

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Company		
Surname, first name		
Address (street, house no., postcode, town)		
Telephone	Fax	e-mail

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#### Confirmation of the certification application by the client/company:

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Location	date	

## 2. information on completed vocational training:

**(Please enclose supporting documents!)**

Completed vocational training in accordance with the Vocational Training Act or equivalent or higher-level training is required for the qualifications of manager at operational level and operational employee. If you have not completed vocational training, please complete point 3 "Proof of training".

Title of vocational training: **(proof)**

## 3. proof of training (if required)

**(Please note the requirements on the information sheet and enclose a copy of the certificate of attendance).**

Name of training organisation

## 4. general declarations / obligations regarding the certification application

I confirm that all the information I have provided about the certification process is true.

I am aware that

- the certification body remains the owner of the certificate;
- that the certificate may only be used in its entirety and that false information or misuse or the misleading use of the certificate can lead to the certificate being withdrawn - the separate use of logos/marks of DAkkS, VAZ SGU or TÜV is also considered misuse;
- there is a right of objection and appeal against decisions of the certification body; objections and appeals must be submitted to the certification body in writing;
- my personal data will be treated confidentially by the certification body and are subject to data protection.
- in special cases of impairment (physical, cognitive, etc.) I can obtain a corresponding adjustment of the framework conditions of the examination upon prior application with medical proof to the certification body.

I declare that I agree that the certification issued will be included in a list of certificate holders accessible to the public and that the certification body is authorised by the certificate holder to provide information on the certificate issued to the certificate holder on request and that representatives of the accreditation body may be present at examination dates, including inspection of my examination and certification documents.

I commit myself,

- not to use certificates in an improper or misleading manner,
- to refrain from any advertising for certification during a suspension of certification or, in the event of withdrawal of certification, any further reference to a certified status.
- to notify the certification body of any changes to my address after the certificate has been issued.

The current General Terms and Conditions published on the TÜV NORD CERT homepage apply.

**Confirmation of the information and declarations/obligations listed in the certification application by the applicant/person to be certified (please always complete and sign!):**

Place

date

Signature of applicant

**To be completed by the training institute/certification body**

Requirement		Remarks	Date/Signature
Note from the training institute: Receipt of proof	<input type="checkbox"/>		
Proof of vocational training	<input type="checkbox"/>		
Alternative proof of training participation	<input type="checkbox"/>		
SHE exam successfully passed	<input type="checkbox"/>		
Certificate can be issued	<input type="checkbox"/>		

(Place, date)

(Signature of Head of ZS/ Deputy ZS )

\*See Information/explanation sheet