

Example of Written Authorization for the Execution of Non-Destructive Testing (NDT) Works

A. Employer Details		B. Authorized Person Details	
Company Name:		Name:	
Legal Representative (Full Name):		Surname:	
VAT No:		PCNDT No:	
Address:		Address:	
Phone Number		Phone Number:	
Email:		Email:	

C. Description Of Authorized NDT Works	
Site / Work Area:	
NDT Method(s):	
Level:	
Detailed Description:	
Start Date:	
End Date:	

D. Safety Conditions – Obligations of The Authorized Person	
Maintains a valid NDT certificate in accordance with EN ISO 9712 or an equivalent standard for the entire duration of the works.	
Carries out exclusively the works described in this authorization document.	
Complies fully with applicable Health & Safety at Work regulations.	
Consistently employs appropriate Personal Protective Equipment (PPE) in compliance with established health and safety regulations and protocols.	
Reports immediately any accident, near-miss or hazardous situation.	
Ensures that the relevant authorization documentation is always maintained on-site in accordance with applicable regulatory requirements.	
Additional conditions:	

E. Declaration & Signatures			
The undersigned employer hereby certifies that the authorized person meets all legal requirements for the execution of the above NDT works. This authorization is valid exclusively for the method(s), site / work area and period specified above. Where the Authorized Person holds a Level 1 certification, works shall be carried out under the direct supervision of a Level 2 or Level 3 certified individual.			
Employer / Legal Representative		Authorized Person (Declaration of Acceptance)	
Full Name / Signature / Stamp		Full Name / Signature / Stamp	
Date:		Date:	