

APPLICATION FORM

version 20260101

To be filled in by the examination body:

Name examination body:

Applied for certification (requested certification based on STIPEL 10003):

Initial certification/Recertification (cross out what doesn't apply)

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To be filled in by the candidate:

Name:

Initials:

Place of birth:

Country of birth:

Date of birth:

Personal email-address:

Email-address trainer (optional):

Email-address employer (optional):

~~Yes~~ / ~~No~~

Request for accommodation of special needs

Take note: Evidence must be handed over to the examination body when modified examination is applied

~~Yes~~ / ~~No~~

Authorization registration in public register

Take note: no authorization limits the use of the certificate

~~Yes~~ / ~~No~~

Authorization registration in third-party systems (digital security passports)

Take note: no authorization limits the use of the certificate

~~Yes~~ / ~~No~~

Duplicate of the certificate to the trainer

~~Yes~~ / ~~No~~

Duplicate of the certificate to the employer

The optimal choices are displayed above. Alternate choices can be encircled. This has possible ramifications for the usefulness of the certificate.

Terms & Conditions and the certification scheme

Examination and certification are subject to the Terms & Conditions and the certification scheme. If a certificate is issued to the applicant by STIPEL, the terms of this application form shall be deemed part of a certification agreement.

Signature applicant:

Date:

Signature: