



APPLICATION FORM

version 20260217

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) _____

To be filled in by the candidate:

Initials*: _____

First name: _____

Surname prefix/Tussenvoegsel (if applicable): _____

Surname: _____

Date of birth: _____

Place of birth: _____

Country of birth: _____

Personal email-address: _____

Email-address trainer (optional): _____

Email-address employer (optional): _____

** = initials of all given names*

- ~~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 possibly has consequences 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: