



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: