



APPLICATION FORM FOR THE SCHEME „ PROFICIENCY TESTING IN NDT“

Participant fills only the marked part

Scheme name Method	LT-07/2025/80 LEAK TESTING		Participant No.:
Specimen: Hollow cylinder	Dimensions: ∅ 25 mm, l = 75 mm	Sector: MS - muktisector	Date of acceptance:
Reference standards: ČSN EN 13184, ČSN EN 1593, ČSN EN 1779			
APPLICANT:			
Company name:	Click here to enter text.		Tax Identification Number Click here to enter text.
Contact address:	Click here to enter text.		
Billing address:	Click here to enter text.		
Responsible person: <i>(first name, surname and position)</i>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs Click here to enter text.		
	Phone: Click here to enter text.	E-mail: Click here to enter text.	
Laboratory status: <input type="checkbox"/> ACCREDITED <input type="checkbox"/> AUTHORIZED <input type="checkbox"/> WITHOUT ACCREDITATION AND AUTHORIZATION			
Name and address of the laboratory: <i>(if different from contact address)</i> Street: Postcode and location:	Click here to enter text.		
	Click here to enter text.		
	Click here to enter text.		
Contact person: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs Click here to enter text.	Tel./Mobile:	E-mail: Click here to enter text.	
Notes: <i>(here you can write non-suitable term)</i> Click here to enter text.			
We apply to assess the performance of NDT lab workers: <input type="checkbox"/> YES <input type="checkbox"/> NO The number of registered workers of the laboratory:			Click here to enter text
Applicant confirms to follow terms and conditions of „ General rules for proficiency testing participants“and guidelines on performance assessment of laboratory workers, and to pay the invoice based on price according to the valid ATG pricelist for the proficiency testing scheme.			
Signature of the responsible person:		Date and stamp:	
PROFICIENCY TESTING PROVIDER:			
N a m e:		Proficiency testing provider ATG (abbr. PZZ ATG)	
Contact address: <i>Advanced Technology Group s.r.o.</i> 		ATG s.r.o. Ing. Lucie Zavadilová – PZZ ATG Toužimská 771 199 02 Praha - Letňany Česká republika	Tax Identification Number: CZ45314772
Information http://www.atg.cz	Václav Jandura, Ph.D. - Tel.: +420 273 037 620 Petr Tichý - Tel.: +420 731 471 890 Lucie Zavadilová - coordinator		jandura@atg.cz tichy@atg.cz zavadiloval@atg.cz

PLEASE SEND THE FILLED FORM TO THE ADDRESS OF THE PROFICIENCY TESTING PROVIDER ATG. IN CASE OF INDIVIDUAL QUESTIONS FEEL FREE TO CONTACT US.

ATG S.r.l.