



CANDIDATE APPLICATION

APPLICATION FOR THE CERTIFICATION OF:

Name	First Name :		
	Middle/Last name :		
Old Certification No. (If previously certified):		Age minimum 18 years(YES/NO):		
Location of Assessment:		Date of Birth:		
City:		RTA License No. (if required):		
Nationality:	Passport No:	Company ID:		
Company/Organization:				
Company Address:				
City:	Country:	ZIP:		
Phone:	Fax:			
ARE YOU A RECERTIFICATION CANDIDATE? (YES/NO).....				

IF YES, COMPLETE THE BELOW DETAILS:

Previously Certified Company Name :	
Previous Certificate Number:	E-mail:
Phone:	Fax:

- * I understand and agree that in the event of suspension of certification, I am not qualified to do further promotion of the certification while it's suspended.
- * I understand and agree that in the event of withdrawal of certification, I am not qualified to do further use of all references to a certified status.
- *I understand and agree that to make claims regarding certification only with respect to the scope for which certification has been granted.
- *I understand and agree I will not to use the certification in such a manner as to bring the certification body into disrepute, and not to make any statement regarding the certification which the certification body considers misleading or unauthorized.
- *I understand and agree to discontinue the use of all claims to certification that contain any reference to the certification body or certification upon suspension or withdrawal of certification, and to return any certificates issued by the certification body.
- *I understand and agree I will not to use the certificate in a misleading manner.

Under penalties of perjury, I declare that the foregoing statements and those to any required accompanying documentation are true. I understand and agree that my failure to provide accurate and complete information or abide by SSSC policies and procedures, including the Code of Ethics, shall constitute grounds for the rejection of my application, or denial or revocation of my certification. I understand that SSSC reserves the right to verify any information in this application or in connection with my certification. I consent to SSSC release of any information regarding this application and my examination administration to third parties. I have passed a physical exam that complies with the **ASME B30** and **ASME B56** Standard for my certification category and I will continue to comply with those requirements.

*I understand and agree to fulfill with the certification requirement and I am ready to arrange any information needed for the assessment.

CANDIDATE NAME and SIGNATURE:

APPROVED

CONTROLLED



Special needs

Language selection: Select any language (English, Hindi, Urdu, Arabic, Malayalam, Tamil)

Support for Candidate with Temporary Physical/Medical Conditions

Points considering for certification decisions

- The candidate has successfully passed in Document verification after complete and sign the Candidate Registration application Form.
- He must over 18 years of age.
- He should not have any physical problems like:
 - a) Has injured or no foot, leg, hand, or arm.
 - b) Any other physical deficiency or limitations, which are interface with his ability to operate and control or giving signal in a safe manner.
- Written /oral examination with score not less than 80%
- Practical Examination with score not less than 75%

NOTE: Please attach a passport and valid residence visa copy, color photo without hat or sunglasses, labor card copy, valid RTA license copy, evidence of training and/or working experience.

To be Filled by SSSC

SSSC will provide all enforceable arrangements accordingly to require that the certified person to continue to fulfill the certification requirements without delay.

Work Order No.:

Question paper code:

Engineer Name :

Application Approved by:

Signature:

Date: / /

APPROVED

CONTROLLED



Decision Making Worksheet

Name	First Name : _____	
	Middle/Last name : _____	
Company/Organization: _____		Date of Birth: _____
Nationality: _____	Passport No: _____	Company ID: _____

The candidate has successfully passed in Document verification : _____

He is over 18 years of age : _____

He doesn't have any physical problems : _____

Written /oral examination score : _____

Practical Examination score : _____

Final Decision in order to process the Certificate (Pass/Fail)

Decision maker:

Signature:

Tel: 04- 392 7268

Fax: 04 392 7269

E-mail: infodubai@starsafetyuae.com

Date: / /

APPROVED

CONTROLLED

Star Safety and Security Consultancy has maintain and has the sole ownership of the certificate