

**REQUEST FOR SERVICES
WELDING**

	Form: MD.OB.08	Page/pages: 1/1
	Full name of the applicant :	
	Address of the applicant:	
	TIN (Taxpayer Identification Number):	Phone:
	E-mail:	Fax:

Type of request:

Testing the vocational training of the welders	Making the welding technology for all procedures and materials		
Vocational training for individual welding procedures (theoretical and practical training)	Qualification of the welding technology		
Testing of welded joints without destruction	Checkup of the implementation of the additional material		
Supervision of welding operations, coordination between the client and the contractor performing welding works	Providing welding services, especially in the field of repair welding		

Number of candidates:

* refers to testing the vocational training of the welders and vocational training for individual welding procedures

Welding type:

* refers to testing the vocational training of the welders and vocational training for individual welding procedures

Manual arc welding with the coated electrodes -type 111	Cored Arc Welding in protective atmosphere of active gas -tip 136		
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Arc welding under powder-type 121		Wolframe arc welding electrode in a protective atmosphere of inert gas-type 141		
Arc welding in protective atmosphere of inert gas -type 131		Gas welding-type 311		
Arc Welding in protective atmosphere of inert gas -type 135		Brazing copper -type 912		

*Realization, payment, contract, under contract ect.**

*Reviewing of the request-definition, free form **

Request reviewed by*: Date of the reviewing *:

(name) (day, month and year)

Date:	Applicant	
	----- (signature)	Place stamp here
	----- (Name, function)	

** Representatives of MD PROJECT INSTITUTE will fill in*