Application for Welder Performance Qualification Test



	Application no.		Date of receipt						
Company's name									
Company's address									
Time & date of test									
Location of test									
Tel no. of PIC									
Fax no. of PIC									
Mobile no. PIC									
Name of PIC									
Remark									
The undersigned hereby requests Korean Register to carry out the Welder Performance Qualification									
Test for the welders mentioned on the following page(s) in accordance with the requirements of Part									
2, Chapter 2, Section 5 of the Rules for Classification of Steel Ships, and also agree to pay all fee and									
expenses which will be incurred in the aforesaid test.									
	() YYYY	/() MM () DE)						
A	Applicant (signature or stamp)								
The lower checklist is only for KP Lise									
The lower checklist is only for KR Use. Checklist/Review for Service Request									
Charles "V" as applicable a		•							
Check: "X" as applicable or "-" as not applicable									
☐ This office has the necessary capability OR ☐ Request to Head Office ☐ Reviewed by ☐ Compliance with the Bules for Classification of Steel China.									
□ Compliance with the Rules for Classification of Steel Ships?									
□ Are the description in this application correct?									
☐ Are the documents for in									
Surveyor in charge :									
Instruction									

Welder details

No.	Name	Sex (M/F)	Nationality	Identificatio n no.	Date of birth (YYYY-MM- DD)	Type of welder	WPS/pWPS no. and rev. no.	Plate or Pipe	Welding process	Base metal group (CS/STS/NI/ CU/AL)	Thickness (mm)	Outer diameter (mm, if pipe)	Type of weld (SSMB/SSG B/SSNB/DS MB/DSNB/ SL/ML)	Welding consumable	Welding position (PA/PB/PC/ PD/PE/PF/P G/PH/PJ/PH -45/PH-45)
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2															
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Form GF-3 (2021.01)