

Self-confirmation form for product-specific training

Personal certification for service of small wastewater treatment plants

INFORMATION ON THE TRAINING RECEIVER				
Full name:				
Birth date:				
Certificate no. (not applicable for the initial application)				
TRAINING INFORMATION				
Course day no.	1	2	3	4
Course format (digital/physical)				
Company responsible for the training				
Responsible training provider				
Training location (if physical)				
Traning date(s)				
Duration (no. hours)				
PRODUCTS TO BE INCLUDED IN THE CERTIFICATE				
Product type(s) <u>covered</u> by SINTEF Technical Approval (TA) (State TA-no. only)				
Product type(s) <u>not covered</u> by SINTEF TA (State the product name that corresponds to the current CE marking at the time of sale)				
DOCUMENTATION FOR PRODUCT-SPECIFIC TRAINING				
	Have the documentation for the product-specific training been approved by an independent third party?	Independent third party who have approved the product-specific training		
Product type(s) <u>covered</u> by SINTEF TA	(See part 8 in the Technical Approval) (yes/no)	SINTEF		
Product type(s) <u>not covered</u> by SINTEF TA	(yes/no)			
BINDING SIGNATURE				
By signing the self-confirmation form, you confirm that the information given above is correct and that the training has been executed in accordance with applicable requirements for SINTEF Technical Approval for small wastewater plants.				
Date:	Signature of responsible training provider: (entry of full name is accepted as signature)			

Skjemaet underskrives og fremlegges sammen med søknad om personsertifisering for service av minirensesanlegg til SINTEF Certification.