Application for certification
Standard SCC personnel
Field of Personnel Certification

1. Information on the applicant

☐ Mr ☐ Mrs ☐ Mx		Title	
Last Name		Phone	
First Name		**Invoice and dispatch address, if different from private address on the left (e.g., company, other person, or secondary residence):**	
Date of birth		Invoice recipient (company, department)	
E-mail			
Street address		Steet address	
Postcode, City		Postcode, City	
Country		Country	

☐ I object to the certificate being sent to this address

2. Information on targeted certification

I apply for certification as:

☐ **SCC Operational employees according to document 018**
☐ **SCC Operational supervisors according to document 017**

3. Fulfillment of the admission requirements (Please enclose the supporting documents!)

☐ Professional training/ study **in Germany**

☐ Professional training/ study **abroad**

☐ Trained and untrained persons **domestically and abroad**

☐ SCC training **24 instructional hours**

4. Applicable documents / Declaration

Following provisions of DEKRA Certification GmbH apply – which I declare to know and expressly accept:

General Terms and Conditions (GTC) (D-030-18)
General Certification Conditions (GCC) (D-030-19)
Examination and Certification Regulations (ECR) for SCC personnel (D-09S-01)
Data Protection Notice (D-250-03)

I am **registering** with my signature **with binding effect** for the aforementioned exam.
I am aware that **fees** are payable according to the Examination and Certification Regulations (ECR) for SCC personnel.
Once the exam procedure has started, the exam price is payable in full.
I hereby ensure that all documents and information submitted with this application are true and complete.
I will inform DEKRA Certification GmbH immediately if the information provided above changes before completion of the examination procedure.

Date	Signature of the applicant

Please use your digital or scanned handwritten signature.
Your typed name cannot be recognised.