

Application for recertification

Standard SCC personnel
Field of Personnel Certification

1. Information on the applicant

<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> 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 (e.g. company, department)	
E-mail			
Street address		Street address	
Postcode, city		Postcode, city	
Country		Country	

☐ I object to the certificate being sent to this address

2. Desired certification

I apply for the certification

☐ SCC Operational employees according to document 018

☐ SCC Operational supervisors according to document 017

3. Information on the previous certificate

☐ SCC Operational employees according to document 018

☐ SCC Operational supervisors according to document 017

Certificate number:

valid until:

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Issuing certification body:

☐ DEKRA Certification GmbH

☐ Other (please enclose a copy of the certificate):

4. Applicable documents / declaration

The following provisions of DEKRA Certification GmbH apply. I hereby confirm that I have read and accept these documents:



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.

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Date

Signature of the applicant