

# Welders Certificate

2 Designation: **EN ISO 9606-1 111 T BW FM1 B s8.0 D114 H-L045 ss nb**

3

4 WPS - Reference: **1** Reference No:

5 Document No. (if applicable):

6 Welder's Name: **Iliev, Zhivko**

7 Identification: **7405051163**

8 Method of Identification: **Personal identity number**

9 Date and place of birth: **5/5/1974 in Beloslav**

10 Employer: **Epozid BG Varna EOOD**

11 Code / Testing Standard: **DIN EN ISO 9606-1:2017**

Comments:

Supplementary fillet weld test: **yes**

12 Job knowledge: **fulfilled**

| 13                                | Test piece | Range of qualification                  |
|-----------------------------------|------------|---|
| 14 Welding process(es):           | 111        | 111                                     |
| 15 Product type (plate or pipe):  | T          | P, T                                    |
| 16 Type of weld:                  | BW         | BW, FW                                  |
| 17 Material group(s):             | 1.2        |   |
| Filler material group(s)          | FM1        | FM1, FM2                                |
| 18 Filler material (Designation): | B          | Root: B; other: A, RA, RB, RC, RR, R, B |
| 19 Shielding gas:                 |            |   |
| 20 Auxiliaries / Flux:            |            |   |
| Type of current and polarity      | =+         | ---                                     |
| 21 Material thickness (mm):       | 8.00       |   |
| Deposited thickness               | 8.00       | 3.00 - 16.00                            |
| 22 Outside pipe diameter. (mm):   | 114.00     | ≥ 57.00                                 |
| 23 Welding position(s):           | H-L045     | H-L045, PA; BW: PC, PE, PF; FW: PB      |
| 24 Weld details:                  | ss nb      | ss nb, ss mb, bs, ss gb, ss fb          |

25 Additional information is available on attached sheet and / or WPS

| 26 | Type of test         | Performed and accepted |
|----|----------------------|------------------------|
| 27 | Visual testing       | X                      |
| 30 | Radiographic testing | X                      |
| 31 |                      |                        |
|    |                      |                        |
|    |                      |                        |

Inspecting Authority: **TÜV Rheinland Industrie Service GmbH**

Certificate No.: **01 220 BG/S-18 639**

Examiner: **Bissera Nikolova**

Place / Date: **Sofia, 6/27/2018**

Unterschrift / Stempel:

Date of welding: **6/19/2018**

Validity of: **6/18/2021**



37 \*) Append separate sheet, if required

38 According 9.3a: Confirmation of the validity by welding coordinator / examine / examining body for the following 6 month (refer to 9.2)

| 39 | Date | Signature | Position or Title | Date | Signature | Position or Title |
|----|------|-----------|-------------------|------|-----------|-------------------|
|    |      |           |                   |      |           |                   |

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 4 WPS - Reference: **1** Reference No:

5 Document No. (if applicable):

 6 Welder's Name: **Nikolov, Diyan**

 7 Identification: **8404171063**

 8 Method of Identification: **Personal identity number**

 9 Date and place of birth: **4/17/1984 in Provadiya**

 10 Employer: **Epozid BG Varna EOOD**

 11 Code / Testing Standard: **DIN EN ISO 9606-1:2017**

Comments:

 Supplementary fillet weld test: **yes**

 12 Job knowledge: **fulfilled**

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|                         |                        |
|                         |                        |

 Inspecting Authority: **TÜV Rheinland Industrie Service GmbH**

 Certificate No.: **01 220 BG/S-18 638**

 Examiner: **Bissera Nikolova**

 Place, Date: **Sofia, 6/27/2018**

Unterschrift / Stempel:

 Date of welding: **6/19/2018**

 Validity of: **6/18/2021**


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38 According 9.3a: Confirmation of the validity by welding coordinator / examine / examining body for the following 6 month (refer to 9.2)

| 39 | Welding Coordinator / Examinee |           |                   | Examining Body |           |                   |
|----|--------------------------------|-----------|-------------------|----------------|-----------|-------------------|
|    | Date                           | Signature | Position or Title | Date           | Signature | Position or Title |
|    |                                |           |                   |                |           |                   |