

APPLICATION FOR EUROPEAN BASIC CERTIFICATE IN SHOTFIRING

ANTRAG FÜR DIE EUROPÄISCHE BESCHEINIGUNG ÜBER DIE
GRUNDAUSBILDUNG FÜR SPRENGARBEITEN



| | | | |
|--|--|--|--|
| Surname / Name: | | Date of birth / Geb. Datum: | |
| Forenames / Vornamen: | | | |
| Address / Adresse: | | Home tel./ Privattel.: | |
| | | Work tel./ Firmentel.: | |
| Country / Land: | | Email: | |
| NATIONAL CERTIFICATE/NATIONALE BERECHTIGUNG: | | Employing Firm or Company / Beschäftigt bei: | |
| Awarding Body / Aussteller: | | | |
| Award date / Ausstellungsdatum: | | | |
| Expiry date / Verfallsdatum: | | | |
| Certificate No./ Ausweisnr.: | | | |
| EXPLOSIVES INDUSTRY SECTOR | | | |
| Induction Training / Ausbildung: | | | |
| | | | |
| 'Off the Job' Training / Ausübung und Weiterbildung: | | | |
| | | | |
| Specialist Career Fields / Spezialgebiete: | | Years of experience / or For German with National certificates- number of blasts attended: | |
| | | | |





I enclose herewith a copy of my national certificate number
Ich füge eine Kopie mit der nationalen Ausstellungsnummer

together with two passport sized photographs /zusammen mit zwei Passbildern diesem Antrag bei.

Please pay the fees after approval by the EFEE National member representative to
Bitte den Beitrag in Euro bezahlen über

SWIFTBIC UBSWCHZH80A
IBAN CH47 0024 8248 4723 1240 W
Account Name European Federation of Explosives Engineers (EFEE)
Bank UBS AG
P.O. Box
CH-6002 Lucerne
Switzerland
Account number 248 - 4723 1240W

Sign in the frame:
Unterschrift:

Date/Datum:-----

| | |
|--|------------------------|
| For completion by National Federation | Authorised by: |
| | Date: |
| | Name (printed): |

| | |
|-----------------------|---|
| EFEE approved: | Approved by EFEE National Member Representative: |
| | Date: |
| | Name (Printed): |

**Application forms should be returned to your National Federation and its EFEE National Member Representative
/ Der Antrag muss an den Nationalen Verband zurückgeschickt werden**