

## Forsmarks Kraftgrupp

### Personal certificate of competence

Supplier	Contact person
Address	Phone
Professional category	According to interim agreement
Area of Competence (general description of actual persons competence)	

#### Personal data

Name	Social security, Date of Birth (yymmdd)
Employed by (if other than supplier mentioned above)	

#### General competence

	Req.	Verifying	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

#### Competence for the work

	Req.	Verifying	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

#### Access training

	Req.	Verifying	Comments
Protection and safety	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation protection in practice	<input type="checkbox"/>	<input type="checkbox"/>	

#### Training for the tasks

	Req.	Verifying	Comments
FME	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

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	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other competence</b>			

<b>Internship/Experience of Nuclear Power industry</b>			

<b>Other</b>	

Certified by the signatory (contractor)

Date:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name in block letters

Accepted by either cNXY eller cNXYZ

Date:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name in block letters