

Reference list for FROSIO certification



Candidate name: _____

The following table is to be filled in to verify relevant experience and inspection experience. External contact information required.

Dates (from-to)	Surface treatment experience and inspection activity (specify type, e.g. Inspection, painting, blasting, lab work, specification...)	Project	Project owner/Company	Project contact details (external): name, telephone and e-mail

.....
Name of person signing
On behalf of company

.....
Date, signature and stamp