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| **Inspector name:** | **Certificate number:** |

**The following table is to be filled in to verify minimum 2 years inspection experience during last five-year period. External contact information required.**

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| **Dates (from-to)** | **Surface treatment inspection activity** | **Project** | **Project owner/Company** | **Project contact details (external): name, telephone and e-mail** |
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Name of person signing Date, signature and stamp

on behalf of company