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| **T.C.****NUCLEAR REGULATORY AUTHORITY****Department of Nuclear Installations** |
| **APPLICATION FORM FOR OPERATING PERSONNEL AUTHORIZATION CERTIFICATE IN NUCLEAR INSTALLATIONS**This form should be filled in by taking into account the conditions required for the operating personnel candidate to obtain an authorization certificate within the framework of the Regulation on Organizational Structure and Personnel in Nuclear Installations published in the Official Gazette dated 1/12/2022 and numbered 32030. The candidate agrees that he/she will be informed about the results of the assessment carried out by the NDK through the Organization.değerlendirme sonuçları hakkında Kuruluş aracılığıyla bilgilendirileceğini kabul eder. |
| CANDIDATE'S PERSONAL INFORMATION |
| Name |  | Photo. |
| Surname |  |
| Citizenship/Nationality |  |
| Identity/Passport Number |  |
| Date of birth (DD/MM/YYYY) |  |
| Tel |  |
| E-mail adress |  |
| APPLICATION INFORMATION |
| Authorization requested Name of Installation / Unit(s)) |  |
| Application Type | Authorization Applied for |
| [ ]  First application  | [ ]  Extension | [ ]  Unit addition | [ ]  Senior operator (Plant)  | [ ]  Reactor operator  |
| [ ]  Senior operator (Unit)  | [ ]  Turbine operator |
| Position in the last four years | [ ]  Number of shifts at Nuclear Power Plants[ ]  Operating time in Research Reactors (hours) | 1.year | 2.year | 3.year | 4.year |
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| EDUCATION OF THE CANDIDATE (last two educational institutions) |
| **Educational institution** | **Department/Diploma** | **Start and End Date (MM/YYYY)** |
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| CANDIDATE'S EXPERIENCE IN THE NUCLEAR FIELD (last three tasks) |
| **Installation** | **Title/Task** | **Start and End Date (MM/YYYY)** |
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| Current position | [ ]  Senior Operator[ ]  Reactor Operator[ ]  Turbine Operator | [ ]  Operating Personnel Candidate[ ]  Other  |
| I declare on the truth of the information provided by me above and I give my consent to the NDK to use the information provided by me as part of the authorization procedures, and I accept the consequences of inaccurate or incomplete information. | I confirm that the information provided in this document is in accordance with our records. |
| **Operating Personnel Candidate** (Name, surname, signature and date) | **Installation Manager** (Name, surname, signature and date) |

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| INFORMATION ON THE PROFESSIONAL TRAINING CANDIDATE |
| **Subject** | **Certificate** | **Start and End Date (MM/YYYY)** |
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| INFORMATION ON THE CANDIDATE'S QUALIFICATION PREPARATION FOR A SPECIFIC INSTALLATION |
| **Theoretical Trainings** |
| **Training Plan2** | **Training subject** | **Start Date****(DD/MM/YYY)** | **Duration****(hours)** |
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| **Practical Trainings** |
|  | **Simulator** | **Internship** | **Console** (For Research Reactors) |
| **Total hours** |  |  |  |
| **Successfully Completed Refresher Trainings** |
| **Training Plan** | **Training subject** | **Start Date****(DD/MM/YYY)** | **Duration****(hours)** |
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| **Proficiency examinations3** |
|  | **Date (DD/MM/YYYY)** | **Result** |
| **Written examination** |  |  |
| **Practical examination** |  |  |
| I declare that the candidate has completed the minimum training required to be assigned as operating personnel in the nuclear installation(s) and/or the specified unit(s) in accordance with the relevant Regulation.**Training Responsible** (Name, surname, signature and date) |

 It is required to a copy of the candidate's ID/passport document.

2 It is required to enter the the name, code and other identifying information of the program in which the candidate participated.

3 It is required to add the documents showing the successful completion of the Organization's technical and proficiency examination.