

It is hereby confirmed that

Name and surname:	Hong, Gil-Dong	Date of birth:	Jan 01, 1977
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has performed continuous satisfactory work activity without significant interruption* in the methods, sectors and levels, for which he/she is certified, which is proved by at least one verifiable documentary evidence per annum, within the individual's certification validity.

Employer	Contact person (name, e-mail, phone)	Method / Level	Sector	Documentary evidence**	Date of work activity
Go, Yong-Joo GYJ Co.,Ltd	Joo, Yong-Gu Jooyg2021@xxxxxxxx 82)31-xxx-xxxx	LEVEL 2 or 3	MS	*Project Name: Yeil Product DOPP PJT *Project No.: Yeil-3455-P13 *Test Detail: Forged, Idler, Roll, Mandrel, Main Roll NDT	Feb 2016 ~ Jan 2017
Go, Yong-Joo GYJ Co.,Ltd	Joo, Yong-Gu Jooyg2021@xxxxxxxx 82)31-xxx-xxxx	LEVEL 2 or 3	MS	*Project Name: Yeil Product DOPP PJT *Project No.: Yeil-3455-P13 *Test Detail: Forged, Idler, Roll, Mandrel, Main Roll DNT	Feb 2017 ~ Jan 2018
Go, Yong-Joo GYJ Co.,Ltd	Joo, Yong-Gu Jooyg2021@xxxxxxxx 82)31-xxx-xxxx	LEVEL 2 or 3	MS	*Project Name: Yeil Product DOPP PJT *Project No.: Yeil-3455-P13 *Test Detail: Weld pipie, Pressure vessel S45C weld, SUS304 weld, SCH160 weld :NDT	Feb 2018 ~ Jan 2019
Go, Yong-Joo GYJ Co.,Ltd	Joo, Yong-Gu Jooyg2021@xxxxxxxx 82)31-xxx-xxxx	LEVEL 2 or 3	MS	*Project Name: DZ MB-D50 PJT *Project No.: DZ-1514-PQ *Test Detail: Weld pipie, Pressure vessel S45C weld, SUS304 weld, SCH160 weld :NDT	Feb 2019 ~ Jan 2020
Go, Yong-Joo GYJ Co.,Ltd	Joo, Yong-Gu Jooyg2021@xxxxxxxx 82)31-xxx-xxxx	LEVEL 2 or 3	MS	*Project Name: DZ MB-D50 PJT *Project No.: DZ-1514-PQ *Test Detail: Weld pipie, Pressure vessel S45C weld, SUS304 weld, SCH160 weld :NDT	Feb 2020 ~ Jan 2021

***significant interruption** – absence or change of activity which prevents the certified individual from practicing the duties corresponding to the level in the method and the sector(s) within the certified scope, for either a continuous period in excess of one year or two or more periods for a total time exceeding two years. NOTE: Legal holidays or periods of sickness or courses of less than 30 days are not taken into account when calculating the interruption.

****documentary evidence** –for example no. of project, no. of report, no. of procedure / written instruction in which the individual participated

To the best of my belief, I confirm the applicant's statements given above are correct at the time of signing.

30, Jan 2021		Go, Yong-Joo	Signature & Stamp
Date	Function of the person confirming continuous work activity	Name, signature and stamp of employer representative confirming continuous work activity	

