**ISO/TC321 Working Groups**

**ICDPASO Expert Application Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Application Form** | | | | | | |
| Full Name |  | Gender | Male □  Female□ | Date of Birth |  | Photo |
| Contact |  | Position |  | Email |  |
| Nationality |  | ID Type |  | ID Number |  |
| English Proficiency | □Ability to interpret  □Ability to read technical materials  □Basic conversation | | | | | |
| Name/Title of Working Group |  | | | | | |
| Company/ Organization |  | | | | | |
| Address |  | | | | | |
| Expertise/Business Area |  | | | | | |
| **Applicant’s Educational Background** | | | | | | |
| (Please list the applicant’s educational experience and academic achievement and provide a copy of the corresponding certificates) | | | | | | |
| **Applicant’s Curriculum Vitae** | | | | | | |
| (Please fill in the work experience and achievements related to your professional proficiency and standardization work, indicate your position, title or honor you obtained during the work period, and please provide copies of corresponding certificates) | | | | | | |
| Declaration:  I am willing to accept ICDPASO’s requirements, comply with the regulations of ISO/TC321 relevant work and hereby make the following commitments:  1. Perform the duties of a standardization expert and actively participate in the relevant standardization activities;  2. Regularly report to the Secretariat of ICDPASO on relevant activities and transmit relevant information and materials;  3. Promptly inform the Secretariat of ICDPASO when there are any changes in personal circumstances (company, organization, contact information, etc.);  Signature：    Date: | | | | | | |
| Company / Organization:  agrees and supports the applicant to apply for standardization experts, and promises to guarantee the time of participating in international standardization activities.    Signature / Official Seal:    Date: | | | | | | |
| The Secretariat of ICDPASO:  Signature：    Date: | | | | | | |