



INTERNATIONAL INSTITUTE OF WELDING



Having met the qualification and job experience requirements of Document IAB 341 - Part 1 to the satisfaction of the Governing Board of the Authorised Nominated Body

Philipp Feldbauer

Date of birth: 29/06/1991

is hereby awarded the title of

CERTIFIED INTERNATIONAL WELDING ENGINEER

Certification Date: 20/09/2023

Certificate N° :

D-SLV-80636-1170-181213-1810388-IIW-CIWE-19092026

Expiry Date: 19/09/2026

ANB Governing Board Representative


Johann Raab


ANB Chief Executive


Martin Lehmann


DVS PERSZERT®
**IIW Authorised Nominated Body
for Germany**

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The scope of experience of the certified person is given in Section 1 of the Schedule accompanying this certificate.
Please read the notes overleaf.





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PERSONNEL CERTIFICATION SCHEME

1. Scope

SCHEDULE

This is to confirm that

Philipp Feldbauer

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Has provided evidence to the ANB to indicate that his/her scope of experience includes the following products/materials/processes

Product Type	Materials	Processes
steel construction according to DIN EN 1090-2 EXC 3	1, 2, 3, 8, 22, 23 according to CEN ISO/TR 15608	MIG (131) MAG (135) MAG metal cored electrode (138) TIG (141) Resistance spot welding (21) Projection welding (23) FSW (43) solid state laser welding (521) Arc stud welding (783,786)
rail vehicles according to EN 15085-2 CL 1		
construction and mining equipment		
machinery		
small pressure vessels		





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SCHEDULE CONTINUED

2. Statement by employer

Philipp Feldbauer

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Is employed by this company in the capacity of RESPONSIBLE WELDING CO-ORDINATOR in accordance with ISO 14731 for the Job Specification held by the company for this individual.

Job Specification Reference: Responsible supervisor for welding matters International welding engineer (IWE)	Name of Company representative:
Company Name: SYKATEC - Systeme, Komponenten, Anwendungstechnologie GmbH	Signature of Company representative:
Address: Frauenauracher Straße 80 91056 Erlangen	Date:

Job Specification Reference	Name of Company representative:
Company Name:	Signature of Company representative:
Address:	Date:

