TOTAL QUALITY TESTING

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FORM TQT-CR-01
Rev. 09/2026

Certification Verification & Records Release Authorization

This form authorizes TQT Lab (Total Quality Testing) to confirm and release the certification/qualification results described below to the employer or organization named in Section 3. Please complete all fields, sign, and return to TQT Lab.

1. CANDIDATE INFORMATION

Candidate Name: _____

School: _____

2. CERTIFICATION / QUALIFICATION DETAILS

Certifications/Processes: _____

Applicable Codes / Standard: _____

Certificate / Qualification No.: _____

Date Issued / Completed: _____

This is to certify that the above-named candidate has successfully completed the testing and/or qualification described above, administered by TQT Lab in accordance with the applicable code or standard listed.

3. RELEASE TO (EMPLOYER / ORGANIZATION)

Employer / Company Name: _____

Employer Contact Name: _____

Employer Phone / Email: _____

4. CANDIDATE AUTHORIZATION

I authorize TQT Lab to release the certification/qualification information described in Section 2 to the employer or organization named in Section 3. I understand this release may include confirmation of test results, dates of qualification.

_____ _____

Candidate Signature **Date**

Printed Name: _____

For verification of this document's authenticity, contact TQT Lab directly at the phone number or website listed above rather than any number provided by the candidate.