

# ASNT Central Certification Program Level II Renewal Application for AWS CWI / SCWI Certificate Holders



## Scope

This application is valid only for personnel previously approved to the ASNT Central Certification Program (ACCP) Level II Visual and Optical Testing (VT) certification through an American Welding Society (AWS) Certified Welding Inspector (CWI) or Senior Certified Welding Inspector (SCWI) certificate, and who have been issued a renewed AWS CWI or SCWI certificate. Upon approval, the applicant's ACCP Level II VT certification will be renewed through the expiration of the AWS CWI or SCWI certificate and will remain valid as long as the AWS CWI or SCWI certificate remains valid.

## ASNT Identification Number

If you have previously been given an ASNT Identification number, please enter it in this box:

## Contact Information

Primary Email Address: \_\_\_\_\_

You must provide your email address to apply for an ASNT certification. This must belong to you and cannot be a shared email address. It will be used for all ASNT communications and will be your username for [www.asnt.org](http://www.asnt.org).

Name – Print your name. Your name should match your identification.

\_\_\_\_\_  
First (Given) Name                      Middle (Additional) Name                      Last Name (Family Name/Surname)                      Suffix (Jr, Sr, II)

Address – Print your mailing address. This address will be used for your certification materials.

Address Type: Home  Business

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Prov.

\_\_\_\_\_  
ZIP/Postal Code

\_\_\_\_\_  
Country

## Additional Contact Information

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Alternative Phone

\_\_\_\_\_  
Alternate Email Address

## Select Current Certification to be renewed.

\$150 VT-GI Direct     \$150 VT PE Direct     \$150 VT GI Remote     \$150 VT PE Remote

## Payment Applications will not be processed without payments.

### Credit Card

Visa     Mastercard     Discover     American Express

**Checks**

**Funds Transfer**

Name on Card: \_\_\_\_\_

(Must be in US dollars and drawn on a US bank.)

(Contact ASNT for wire instructions.)

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CIN Number\*: \_\_\_\_\_

**\*Credit Card Identification Number:** Visa/MasterCard/Discover: The three-digit number is printed on the signature panel on the back of the card following the account number. American Express: The four-digit number is printed above the account number on the front of the card.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Requirement 1: Reaffirmation of the Code of Ethics for ACCP™ Level II Personnel Certified by ASNT

By signature on this application, if certified by ASNT, I agree to abide by the Code of Ethics for ACCP™ Level II Personnel Certified by ASNT so long as I maintain a certificate. Further, I understand the right of ASNT to suspend or revoke any certificate granted if I abuse the privileges therein granted to me.

I understand that certifications which may result from this application do not constitute any form of license.

I hereby attest that all facts on this application are true and correct and no information which might be detrimental has been withheld. ASNT may make any inquiries necessary to determine my qualifications for certification. I agree to abide by the decision of ASNT relative to the granting of any certifications as applied for herein.

For valuable consideration, the undersigned, having made application for certification as Level II before ASNT, does hereby release and forever discharge The American Society for Nondestructive Testing, an Ohio Corporation, from any and all liabilities, claims, demands, or causes of action whatsoever, which now exist, or which may hereafter arise on account of the undersigned's activities henceforth as Level III certified by ASNT.

The undersigned further acknowledges that this release is being given as a prerequisite for having filed application for consideration by ASNT.

The undersigned further represents that if not certified by ASNT, then this release and discharge shall have no force and effect; otherwise, upon certification as set forth above, this release shall be binding on the undersigned and The American Society for Nondestructive Testing, Inc. and any and all agents of ASNT in connection with such certification process. I have read and understand the transfer, cancellation, and refund policy. I have read and understand the attached transfer, cancellation and refund policy and understand that all application documents submitted to ASNT become the property of ASNT.

I authorize ASNT to publish my name, city, state, country, test methods, Levels, and expiration dates of certification unless the following box is checked:

I do not want this information released.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Code of Ethics for ACCP™ Level II Personnel Certified by ASNT

### 1.0 Purpose

1.1 The following Code of Ethics is binding upon every individual who possesses a current ACCP™ Level II Certification. These rules are necessary to protect the life, health, property, and welfare of the public, and to maintain the credibility of the ASNT Central Certification Program and the NDT profession. Accordingly, each ACCP™ Level II certified individual agrees to:

### 2.0 Code of Ethics

- 2.1 Responsibility: Protect the safety, health, and welfare of the public, by performing all NDT activities to the best of his/her ability in accordance with properly established and approved procedures and only in situations for which qualified.
- 2.2 Integrity: Perform all NDT activities honestly, and treat the public, clients and employer in an impartial and ethical manner. All reports of NDT activities shall faithfully and accurately reflect the tests conducted, procedures used, and results obtained.
- 2.3 Conflict of Interest: Consciously avoid conflict of interest situations with employer or client, promptly informing same if such situations cannot be avoided.
- 2.4 Improper Conduct: Refrain from work activities outside the area of certification without written approval of his/her supervisor.
- 2.5 Safety: Act in a safe and responsible manner while conducting NDT activities, ensuring that all required and necessary safety procedures are in place and are being used by one's self and others under his/her jurisdiction.

### 3.0 Penalty

Violation of this Code of Ethics by any ACCP™ certified Level II person may be cause for disciplinary action against that person.

## Requirement 2: Continued Active Employment

Continued active employment in inspection.

### Summary of Engagements

Photocopy this page as necessary to document your continuing active employment during the current ACCP Level II VT certification cycle. List positions in reverse chronological order. For each engagement, you are required to supply the name of an individual who can supply verification of occupational activities and has knowledge of your job functions. Excepting self-employed persons, the reference/verification should be from an immediate supervisor. Individuals used for references must not be present subordinates.

Position # _____	Dates of Employment _____		
	Start Date	End Date	Total Time (Months)
Organization Name _____			
Employer Contact Name _____			
Organization Address _____			
City _____	State/Prov. _____	ZIP/Postal Code _____	Country _____
Phone _____	Fax _____	Email _____	

In the space below, provide a summary of the type of work performed during this engagement. Include the inspection techniques used, the level of responsibility, and list specific inspection functions performed as described above.

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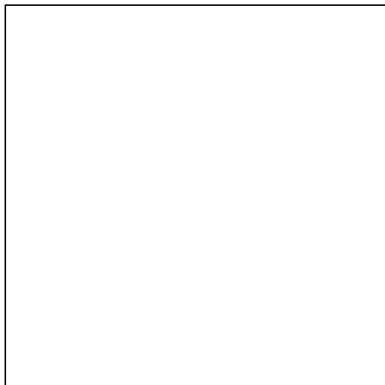
I hereby attest the foregoing occupational summary record to be a true account of my work experience during the current period of Level II VT certification by ASNT. ASNT has my consent to make inquiries as necessary to verify my claimed occupational activities.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

## Requirement 3: Renewal of AWS CWI or SCWI Certificate

Attach a copy of your renewed and currently valid American Welding Society Certified Welding Inspector or Senior Certified Welding Inspector certificate or wallet card to the back of this application.



### New Photo Option

Your wallet card will be issued using the photograph we have on file. At your option, you may supply another photograph for use on your renewed wallet card. If you would like a new photo on your wallet card, attach a passport-sized (2in. x 2in.) photo in the box to the left.

**If you are submitting a new photo**, then we also require a copy of a valid driver's license, government issued non-driver's ID, passport, or military ID. Please attach the copy to the back of the application.

Use new photo

Use file photo

# ACCP Vision Requirements

**\*\*\* Not required if your initial eye exam was submitted within 12 months of this application \*\*\***

Vision examinations shall be administered by a physician, licensed nurse, ophthalmologist, or optometrist, or by personnel approved by the employer's Level III. The visual examination date must be current, within one year of the date that this application is signed. The form below may be used to document this requirement.

## Near distance vision

You must have visual acuity in at least one eye capable of reading the **Jaeger J1** test chart, or equivalent, at a distance of not less than 30 cm (12 in.)

## Color vision

You must be able to differentiate between the colors used in the NDT method(s) for which certification is required.

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## Attestation of Visual Acuity

Eye Exam Date \_\_\_\_\_

Candidate Name (please print) \_\_\_\_\_ ASNT ID #:

I attest that I administered a **near distance examination** on the candidate named above, and that the candidate has natural or corrected near-distance acuity in at least one eye capable of reading the **Jaeger Number 1** test chart or equivalent at a distance of not less than 30 cm (12 in.).

I attest that I administered a **color perception examination** on the candidate named above, and that the candidate has:

No Color Perception Deficiency       Color Perception Deficiency (Specify) \_\_\_\_\_

\_\_\_\_\_  
Signature of Eye Examiner

\_\_\_\_\_  
Date

Ophthalmologist/Optometrist       Physician       Registered Nurse

Employer's Level III      Certificate No: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Other (Approved by the Employer's Level III):      Title: \_\_\_\_\_

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## Employer Attestation (for Candidates with Color Perception Deficiencies)

If the candidate has a **color perception deficiency**, the candidate's ability to distinguish colors used in the applicable method(s) as specified by the employer must be confirmed by the employer or a designated and responsible agent of the employer (such as an ASNT Level III, ACCP Professional Level III, or company Level III per SNT-TC-1A).

I attest that the above-named candidate has sufficiently demonstrated the ability to distinguish colors used in the applicable test method(s) as specified in employer procedures.

\_\_\_\_\_  
Employer/Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/Agent Name (print)

\_\_\_\_\_  
ASNT ID (if applicable)

\_\_\_\_\_  
Title

## Submit Application

The application must be completed by the applicant.

All submitted documents must be written in the English language. Those documents written in other than the English language must be accompanied by English translation.

Please retain copies of this application and all supporting documents sent to ASNT.

All applicable portions of the application must be completely and accurately filled out. Incomplete applications may be returned and will delay the renewal process.

The applicant is required to sign the application on pages 2 and 3.

### Mail

The application can be mailed to ASNT at the following address. Using a traceable carrier (FedEx, UPS, DHL, etc.) is recommended.

**ASNT**  
**1711 Arlingate Lane**  
**P.O. Box 28518**  
**Columbus, OH 43228-0518**

### Fax or E-mail

You may fax or e-mail this application, attachments, and fees to ASNT at: 614-274-6899 or [Customersupport@asnt.org](mailto:Customersupport@asnt.org)

## Transfers/Cancellations/Refunds

### RENEWAL APPLICATIONS

No refunds will be made for renewal applications that are reviewed and are found not to meet the published requirements for renewal.

Applications from CWIs that are received **more than 60 days after** the expiration date will be denied and the applicant will be charged a \$75.00 handling charge. The balance of the submitted fees to be refunded.

International surcharges are non-refundable.

**No exceptions will be made to the above policy.**

### Application Due Date

ASNT certificates expire on the last day of the month listed on the certificate.

**Renewal applications must be submitted within 60 days before or after the expiration date shown for VT on the ACCP Level II certificate.**

**REMEMBER TO ENCLOSE A COPY OF YOUR RENEWED AWS CWI/SCWI CERTIFICATE WITH THIS APPLICATION.**