

# ASNT Central Certification Program Level II Application



## 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

## Fees All fees are in US dollars.

|                          |  |  |
|--------------------------|--|--|
| <b>Examination Total</b> | From page 2-5  |  |
| <b>Membership Option</b> | Take advantage of member pricing now by completing the Membership Application at the end of this application and include the total here. |  |
| <b>Total Due</b>         |  |  |
|                          |  |  |

## Payment Applications will not be processed without payments.

### Credit Card

Visa     Mastercard     Discover     American Express

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

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

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

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

**Checks**

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

**Funds Transfer**

(Contact ASNT for wire instructions.)

**\*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.

# Method or Discipline Selection

**Please apply for the method or discipline that you are seeking certification. Note:** This application is valid for initial certification and for recertification by examination. To renew without further examination, you must use the ASNT Level II Renewal Application.

**\*\*\* IF RETAKING EXAMINATIONS, USE THE TABLE ON PAGE 4 \*\*\***

## Schedule Exams

All exams will be computer based unless except the practical exams. After you have been approved paid all application and exam sitting fees, you will receive email notification and instructions to schedule your exam. Examination sitting fees are now collected with the application instead at the time of scheduling.

if you are currently certified in the method. You may request accommodations during testing for special needs by contacting ASNT.

## Initial Certification Exam Packages

Each of the certification exam packages listed below include all three written examinations required for ACCP Level II certification within that Method: the General, Specific, and Instruction Preparation examinations, and one or more of the Practical examinations required for the applicable test method.

To complete your exam package, choose one certification Sector and one or more certification Techniques. The Sector you choose determines which Specific exam you will take and the Techniques you choose determine which Practical exams you will take.

## US Candidate Fees

|           |   |   |  |    |
|-----------|---|---|--|----|
| <b>MT</b> | <b>Sector</b> (choose one)  | <input type="checkbox"/> General Industry   | <input type="checkbox"/> Pressure Equipment  | \$ |
|           | <b>Technique</b> (choose all that apply)  | <input type="checkbox"/> Bench  | <input type="checkbox"/> Yoke  |    |
|           | <b>Fees (includes sitting fees)</b>   | <b>ASNT Members:</b> \$890 for one technique, or \$1130 for all techniques<br><b>Non- Members:</b> \$950 for one technique, or \$1205 for both techniques   |  |    |
| <b>PT</b> | <b>Sector</b> (choose one)  | <input type="checkbox"/> General Industry   | <input type="checkbox"/> Pressure Equipment  | \$ |
|           | <b>Technique</b> (choose all that apply)  | <input type="checkbox"/> Post-emulsifiable  | <input type="checkbox"/> Solvent-removable <input type="checkbox"/> Water-washable |    |
|           | <b>Fees (includes sitting fees)</b>   | <b>ASNT Members:</b> \$890 for one technique, or \$1130 for two techniques, \$1370 for all<br><b>Non- Members:</b> \$950 for one technique, or \$1205 for two techniques, \$1455 for all                            |  |    |
| <b>RT</b> | <b>Sector</b> (choose one)  | <input type="checkbox"/> General Industry   | <input type="checkbox"/> Pressure Equipment  | \$ |
|           | <b>Technique</b> (choose one)   | <input type="checkbox"/> Gamma (RAM)  | <input type="checkbox"/> X-ray <input type="checkbox"/> Combo (covers both)        |    |
|           | <b>Fees (includes sitting fees)</b>   | <b>ASNT Members:</b> \$890 for Gamma or X-ray, or \$1130 for the Combo (all include film interpretation)<br><b>Non-Members:</b> \$950 for Gamma or X-ray, or \$1205 for the Combo (all include film interpretation) |  |    |
| <b>UT</b> | <b>Sector</b> (choose one)  | <input type="checkbox"/> General Industry   | <input type="checkbox"/> Pressure Equipment  | \$ |
|           | <b>Technique</b> (choose all that apply)  | <input type="checkbox"/> Str. & angle beam (welds)  | <input type="checkbox"/> Str. & angle beam (castings/forgings)                     |    |
|           | <b>Fees (includes sitting fees)</b>   | <b>ASNT Members:</b> \$890 for one technique, or \$1130 for all techniques<br><b>Non- Members:</b> \$950 for one technique, or \$1205 for both techniques   |  |    |
| <b>VT</b> | <b>Sector</b> (choose one)  | <input type="checkbox"/> General Industry   | <input type="checkbox"/> Pressure Equipment  | \$ |
|           | <b>Technique</b> (choose all that apply)  | <input type="checkbox"/> Direct   | <input type="checkbox"/> Remote  |    |
|           | <b>Fees (includes sitting fees)</b>   | <b>ASNT Members:</b> \$890 for one technique, or \$1130 for all techniques<br><b>Non- Members:</b> \$950 for one technique, or \$1205 for both techniques   |  |    |
|           | <b>NOTE:</b> Applicants seeking VT certification through an AWS CWI or SCWI certification must use the application for CWI certificate holders. |   |  |    |

**See page 3 for international candidate fees.**

## International Candidate Fees

|           |                                   |   |   |    |
|-----------|-----------------------------------|---|---|----|
| <b>MT</b> | Sector (choose one)               | <input type="checkbox"/> General Industry   | <input type="checkbox"/> Pressure Equipment | \$ |
|           | Technique (choose all that apply) | <input type="checkbox"/> Bench  | <input type="checkbox"/> Yoke               |    |
|           | Fees (includes sitting fees)      | <b>ASNT Members:</b> \$1050 for one technique, or \$1330 for all techniques<br><b>Non- Members:</b> \$1110 for one technique, or \$1405 for both techniques |   |    |

|           |                                   |  |   |    |   |
|-----------|-----------------------------------|--|---|----|---|
| <b>PT</b> | Sector (choose one)               | <input type="checkbox"/> General Industry  | <input type="checkbox"/> Pressure Equipment | \$ |   |
|           | Technique (choose all that apply) | <input type="checkbox"/> Post-emulsifiable   | <input type="checkbox"/> Solvent-removable  |    | <input type="checkbox"/> Water-washable |
|           | Fees (includes sitting fees)      | <b>ASNT Members:</b> \$1050 for one technique, or \$1330 for two techniques, \$1610 for all<br><b>Non- Members:</b> \$1110 for one technique, or \$1405 for two techniques, \$1695 for all |   |    |   |

|           |                              |   |   |    |  |
|-----------|------------------------------|---|---|----|--|
| <b>RT</b> | Sector (choose one)          | <input type="checkbox"/> General Industry   | <input type="checkbox"/> Pressure Equipment | \$ |  |
|           | Technique (choose one)       | <input type="checkbox"/> Gamma (RAM)  | <input type="checkbox"/> X-ray              |    | <input type="checkbox"/> Combo (covers both) |
|           | Fees (includes sitting fees) | <b>ASNT Members:</b> \$1050 for Gamma or X-ray, or \$1330 for the Combo (all include film interpretation)<br><b>Non-Members:</b> \$1110 for Gamma or X-ray, or \$1405 for the Combo (all include film interpretation) |   |    |  |

|           |                                   |   |  |    |
|-----------|-----------------------------------|---|--|----|
| <b>UT</b> | Sector (choose one)               | <input type="checkbox"/> General Industry   | <input type="checkbox"/> Pressure Equipment                    | \$ |
|           | Technique (choose all that apply) | <input type="checkbox"/> Str. & angle beam (welds)  | <input type="checkbox"/> Str. & angle beam (castings/forgings) |    |
|           | Fees (includes sitting fees)      | <b>ASNT Members:</b> \$1050 for one technique, or \$1330 for all techniques<br><b>Non- Members:</b> \$1110 for one technique, or \$1405 for both techniques |  |    |

|           |   |   |   |    |
|-----------|---|---|---|----|
| <b>VT</b> | Sector (choose one)   | <input type="checkbox"/> General Industry   | <input type="checkbox"/> Pressure Equipment | \$ |
|           | Technique (choose all that apply)   | <input type="checkbox"/> Direct   | <input type="checkbox"/> Remote             |    |
|           | Fees (includes sitting fees)  | <b>ASNT Members:</b> \$1050 for one technique, or \$1330 for all techniques<br><b>Non- Members:</b> \$1110 for one technique, or \$1405 for both techniques |   |    |
|           | <b>NOTE:</b> Applicants seeking VT certification through an AWS CWI or SCWI certification must use the application for CWI certificate holders. |   |   |    |

**See page 2 for US candidate fees.**

## Retake / Add-On Exams

**First time applicants should choose one or more exam packages from the tables on page 2.**

Each item in this table is a separate examination. Choose exams from this table to retake a failed examination or to widen the scope (either the Sector or Technique) of an existing certification. When widening the scope an existing certification, the expiration date of the added Sector or Technique will match the current expiration date for the corresponding ACCP Level II Method.

### US Candidate Fees

| Fee Category                   | Fee Subcategory         | Fees                           |                                | Exam Amount |
|--------------------------------|-------------------------|--------------------------------|--------------------------------|-------------|
|                                |                         | ASNT Member Fee                | Non-Member Fee                 |             |
| Magnetic Particle Testing (MT) | Method                  | <input type="checkbox"/> \$290 | <input type="checkbox"/> \$335 |             |
|                                | Sector - GI or PE       | <input type="checkbox"/> \$290 | <input type="checkbox"/> \$335 |             |
|                                | Instruction Preparation | <input type="checkbox"/> \$280 | <input type="checkbox"/> \$325 |             |
|                                | Bench                   | <input type="checkbox"/> \$360 | <input type="checkbox"/> \$435 |             |
|                                | Yoke                    | <input type="checkbox"/> \$360 | <input type="checkbox"/> \$435 |             |
| Liquid Penetrant Testing (PT)  | Method                  | <input type="checkbox"/> \$290 | <input type="checkbox"/> \$335 |             |
|                                | Sector - GI or PE       | <input type="checkbox"/> \$290 | <input type="checkbox"/> \$335 |             |
|                                | Instruction Preparation | <input type="checkbox"/> \$280 | <input type="checkbox"/> \$325 |             |
|                                | Post-emulsifiable       | <input type="checkbox"/> \$360 | <input type="checkbox"/> \$435 |             |
|                                | Solvent-Removable       | <input type="checkbox"/> \$360 | <input type="checkbox"/> \$435 |             |
|                                | Water-Washable          | <input type="checkbox"/> \$360 | <input type="checkbox"/> \$435 |             |
| Radiographic Testing (RT)      | Method                  | <input type="checkbox"/> \$290 | <input type="checkbox"/> \$335 |             |
|                                | Sector - GI or PE       | <input type="checkbox"/> \$290 | <input type="checkbox"/> \$335 |             |
|                                | Instruction Preparation | <input type="checkbox"/> \$280 | <input type="checkbox"/> \$325 |             |
|                                | Gamma                   | <input type="checkbox"/> \$360 | <input type="checkbox"/> \$435 |             |
|                                | X-Ray                   | <input type="checkbox"/> \$360 | <input type="checkbox"/> \$435 |             |
|                                | Combo                   | <input type="checkbox"/> \$360 | <input type="checkbox"/> \$435 |             |
| Ultrasonic Testing (UT)        | Method                  | <input type="checkbox"/> \$290 | <input type="checkbox"/> \$335 |             |
|                                | Sector - GI or PE       | <input type="checkbox"/> \$290 | <input type="checkbox"/> \$335 |             |
|                                | Instruction Preparation | <input type="checkbox"/> \$280 | <input type="checkbox"/> \$325 |             |
|                                | Welds                   | <input type="checkbox"/> \$360 | <input type="checkbox"/> \$435 |             |
|                                | Castings/Forgings       | <input type="checkbox"/> \$360 | <input type="checkbox"/> \$435 |             |
| Visual Testing (VT)            | Method                  | <input type="checkbox"/> \$290 | <input type="checkbox"/> \$335 |             |
|                                | Sector - GI or PE       | <input type="checkbox"/> \$290 | <input type="checkbox"/> \$335 |             |
|                                | Instruction Preparation | <input type="checkbox"/> \$280 | <input type="checkbox"/> \$325 |             |
|                                | Direct                  | <input type="checkbox"/> \$360 | <input type="checkbox"/> \$435 |             |
|                                | Remote                  | <input type="checkbox"/> \$360 | <input type="checkbox"/> \$435 |             |
| <b>Total</b>                   |                         |                                |                                |             |

\*Abbreviations- **GI**: General Industry Sector; **PE**: Pressure Equipment Sector; **IP**: Instruction Preparation Exam.

**See page 5 for international candidate fees.**

## International Candidate Fees

| Fee Category                   | Fee Subcategory         | Fees                           |                                | Exam Amount |
|--------------------------------|-------------------------|--------------------------------|--------------------------------|-------------|
|                                |                         | ASNT Member Fee                | Non-Member Fee                 |             |
| Magnetic Particle Testing (MT) | Method                  | <input type="checkbox"/> \$330 | <input type="checkbox"/> \$375 |             |
|                                | Sector - GI or PE       | <input type="checkbox"/> \$330 | <input type="checkbox"/> \$375 |             |
|                                | Instruction Preparation | <input type="checkbox"/> \$320 | <input type="checkbox"/> \$365 |             |
|                                | Bench                   | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$475 |             |
|                                | Yoke                    | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$475 |             |
| Liquid Penetrant Testing (PT)  | Method                  | <input type="checkbox"/> \$330 | <input type="checkbox"/> \$375 |             |
|                                | Sector - GI or PE       | <input type="checkbox"/> \$330 | <input type="checkbox"/> \$375 |             |
|                                | Instruction Preparation | <input type="checkbox"/> \$320 | <input type="checkbox"/> \$365 |             |
|                                | Post-emulsifiable       | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$475 |             |
|                                | Solvent-Removable       | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$475 |             |
|                                | Water-Washable          | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$475 |             |
| Radiographic Testing (RT)      | Method                  | <input type="checkbox"/> \$330 | <input type="checkbox"/> \$375 |             |
|                                | Sector - GI or PE       | <input type="checkbox"/> \$330 | <input type="checkbox"/> \$375 |             |
|                                | Instruction Preparation | <input type="checkbox"/> \$320 | <input type="checkbox"/> \$365 |             |
|                                | Gamma                   | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$475 |             |
|                                | X-Ray                   | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$475 |             |
|                                | Combo                   | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$475 |             |
| Ultrasonic Testing (UT)        | Method                  | <input type="checkbox"/> \$330 | <input type="checkbox"/> \$375 |             |
|                                | Sector - GI or PE       | <input type="checkbox"/> \$330 | <input type="checkbox"/> \$375 |             |
|                                | Instruction Preparation | <input type="checkbox"/> \$320 | <input type="checkbox"/> \$365 |             |
|                                | Welds                   | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$400 |             |
|                                | Castings/Forgings       | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$400 |             |
| Visual Testing (VT)            | Method                  | <input type="checkbox"/> \$330 | <input type="checkbox"/> \$375 |             |
|                                | Sector - GI or PE       | <input type="checkbox"/> \$330 | <input type="checkbox"/> \$375 |             |
|                                | Instruction Preparation | <input type="checkbox"/> \$320 | <input type="checkbox"/> \$365 |             |
|                                | Direct                  | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$475 |             |
|                                | Remote                  | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$475 |             |
| <b>Total</b>                   |                         |                                |                                |             |

\*Abbreviations- **GI**: General Industry Sector; **PE**: Pressure Equipment Sector; **IP**: Instruction Preparation Exam.

**See page 4 for US candidate fees.**

## Wallet Card Signature

In the event that you meet all certification requirements, ASNT will issue you a wallet card including your certification and expiration date, photograph, and signature. Your signature on this page will be used for your wallet card.

**Please sign your name in the box below.  
Use black or blue ink only.  
Keep your signature completely within the lines or you  
will be required to submit another signature.**



## Photos

Attach two (2) headshot photos here or email [certifications@asnt.org](mailto:certifications@asnt.org) digital photos with your name and ASNT ID.



## Minimum Training Requirements

Use this table to find the minimum training required for ACCP™ Level II certification in each method. Enter the amount of training you are claiming to meet the requirements.

| Training       | MT | PT | RT  | UT  | VT |
|----------------|----|----|-----|-----|----|
| Hours Required | 40 | 40 | 120 | 120 | 24 |
| Hours Claimed  |    |    |     |     |    |

**Training hours** may include both practical and theory courses. Practical training may not make up more than 50% of the overall Level II training curriculum.

You must **attach documentation** for the minimum amount of training required. Attach copies of training certificates, letters of completion, or company training records. A signed statement attesting to completion of training from a company executive, an individual responsible for training, or an ASNT Level III or ACCP™ Professional Level III is also acceptable if it clearly lists training hours. All documentation must be in English or accompanied by an English translation.

## Minimum Experience Requirements

Use this table to find the minimum experience required for ACCP™ Level II certification in each method. Enter the amount of experience you are claiming to meet the requirements.

**Total hours in method** experience shall be based on the actual hours worked in the specific method. Total hours in method must be met for each method when applying for more than one method. While fulfilling **total hours in NDT** experience requirement, experience may be gained in more than one method.

| Experience     |                       | MT  | PT  | RT   | UT   | VT  |
|----------------|-----------------------|-----|-----|------|------|-----|
| Hours Required | Total Hours in Method | 265 | 200 | 800  | 800  | 200 |
|                | Total Hours in NDT    | 530 | 400 | 1600 | 1600 | 400 |
| Hours Claimed  | Total Hours in Method |     |     |      |      |     |
|                | Total Hours in NDT    |     |     |      |      |     |

Industrial experience may be obtained either prior to or following successful completion of an ACCP examination. **If you plan to obtain the required experience following the exams, enter an “X” in the appropriate boxes above.** In the event that experience is sought following the examination, the examination results shall be valid for up to one year for MT, PT, and VT and two years for RT and UT. You will need to submit documentation of experience to ASNT during this time.

## Experience Documentation

Use the next pages to document the individual positions in which experience was obtained. If submitting experience from more than one employer, submit experience in reverse chronological order, beginning with Position 1. ASNT Central Certification requires sufficient NDT experience to meet the minimum experience requirements in the method(s) for which you are applying. Acceptable documents include employer or third-party certificates or certification records, human resources records, a signed statement from the employer or responsible Level III, a signed statement from an ASNT Level III or ACCP Professional Level III, or, for self-employed personnel, signed statements from at least two (2) customers. The signature form below may be used for signed statements. All documentation must be in English or accompanied by an English translation.

**\*\*\* Vision examinations are the responsibility of the employer. \*\*\***

# ACCP Level II Experience Documentation

Complete the form for as many positions as are needed to document your required experience.

**Name** \_\_\_\_\_  
First, Middle, Last ASNT ID

**Position # 1** Dates of Employment: \_\_\_\_\_  
Start Date End Date Total Time (Months)

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

Organization Address \_\_\_\_\_

City State/Prov. ZIP/Postal Code Country

Phone Fax Email

Check methods below where NDT job functions were performed by the candidate named above and indicate the number of hours claimed for each.

**MT** \_\_\_\_\_ **# of Hours**      **PT** \_\_\_\_\_ **# of Hours**      **RT** \_\_\_\_\_ **# of Hours**      **UT** \_\_\_\_\_ **# of Hours**      **VT** \_\_\_\_\_ **# of Hours**

Briefly describe below the NDT tasks the candidate named above performed at this location for each of the methods checked. List the document(s) that are attached to this application as evidence of this engagement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Statement Option

As the above-named candidate's employer or a designated and responsible agent of the above-named candidate's employer or as a customer of the candidate, I confirm that the information given above is true and correct.

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Title



## ACCP Level II Experience Documentation

Complete the form for as many positions as are needed to document your required experience.

Name \_\_\_\_\_

First, Middle, Last

ASNT ID \_\_\_\_\_

Position # 2

Dates of Employment: \_\_\_\_\_

Start Date

End Date

Total Time (Months)

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

Organization Address \_\_\_\_\_

City \_\_\_\_\_

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

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

Country \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Check methods below where NDT job functions were performed by the candidate named above and indicate the number of hours claimed for each.

MT \_\_\_\_\_ # of Hours

PT \_\_\_\_\_ # of Hours

RT \_\_\_\_\_ # of Hours

UT \_\_\_\_\_ # of Hours

VT \_\_\_\_\_ # of Hours

Briefly describe below the NDT tasks the candidate named above performed at this location for each of the methods checked. List the document(s) that are attached to this application as evidence of this engagement.

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### Statement Option

As the above-named candidate's employer or a designated and responsible agent of the above-named candidate's employer or as a customer of the candidate, I confirm that the information given above is true and correct.

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Title

## ACCP Level II Experience Documentation

Complete the form for as many positions as are needed to document your required experience.

Name \_\_\_\_\_

First, Middle, Last

ASNT ID \_\_\_\_\_

Position # 3

Dates of Employment: \_\_\_\_\_

Start Date

End Date

Total Time (Months)

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

Organization Address \_\_\_\_\_

City \_\_\_\_\_

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

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

Country \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Check methods below where NDT job functions were performed by the candidate named above and indicate the number of hours claimed for each.

MT \_\_\_\_\_ # of Hours

PT \_\_\_\_\_ # of Hours

RT \_\_\_\_\_ # of Hours

UT \_\_\_\_\_ # of Hours

VT \_\_\_\_\_ # of Hours

Briefly describe below the NDT tasks the candidate named above performed at this location for each of the methods checked. List the document(s) that are attached to this application as evidence of this engagement.

### Statement Option

As the above-named candidate's employer or a designated and responsible agent of the above-named candidate's employer or as a customer of the candidate, I confirm that the information given above is true and correct.

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Title

## ACCP Level II Experience Documentation

Complete the form for as many positions as are needed to document your required experience.

Name \_\_\_\_\_

First, Middle, Last

ASNT ID \_\_\_\_\_

Position # 4

Dates of Employment: \_\_\_\_\_

Start Date

End Date

Total Time (Months)

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

Organization Address \_\_\_\_\_

City

State/Prov.

ZIP/Postal Code

Country

Phone

Fax

Email

Check methods below where NDT job functions were performed by the candidate named above and indicate the number of hours claimed for each.

MT \_\_\_\_\_ # of Hours

PT \_\_\_\_\_ # of Hours

RT \_\_\_\_\_ # of Hours

UT \_\_\_\_\_ # of Hours

VT \_\_\_\_\_ # of Hours

Briefly describe below the NDT tasks the candidate named above performed at this location for each of the methods checked. List the document(s) that are attached to this application as evidence of this engagement.

### Statement Option

As the above-named candidate's employer or a designated and responsible agent of the above-named candidate's employer or as a customer of the candidate, I confirm that the information given above is true and correct.

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Title

## ACCP Level II Experience Documentation

Complete the form for as many positions as are needed to document your required experience.

Name \_\_\_\_\_

First, Middle, Last

ASNT ID \_\_\_\_\_

Position # 5

Dates of Employment: \_\_\_\_\_

Start Date

End Date

Total Time (Months)

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

Organization Address \_\_\_\_\_

City \_\_\_\_\_

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

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

Country \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Check methods below where NDT job functions were performed by the candidate named above and indicate the number of hours claimed for each.

MT \_\_\_\_\_ # of Hours

PT \_\_\_\_\_ # of Hours

RT \_\_\_\_\_ # of Hours

UT \_\_\_\_\_ # of Hours

VT \_\_\_\_\_ # of Hours

Briefly describe below the NDT tasks the candidate named above performed at this location for each of the methods checked. List the document(s) that are attached to this application as evidence of this engagement.

### Statement Option

As the above-named candidate's employer or a designated and responsible agent of the above-named candidate's employer or as a customer of the candidate, I confirm that the information given above is true and correct.

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Title

# Transfer / Cancellation / Refund Policy

All ASNT examinations are required to be taken within one calendar year from the date on the original Letter of Notification or Letter of Approval sent to the applicant. Failure to take examinations within that one-year period will result in forfeiture of all fees to ASNT.

For computer-based testing exams, exams can be rescheduled and cancelled 48 hours prior to the appointment without any additional fees. If you cancel within 48 hours, then the sitting fee portion of your fees plus a \$75 administrative fee per exam will apply.

For Practical exams, the transfer or cancellation deadline is two (2) calendar weeks prior to the week of a scheduled examination. Transfers or cancellations received before the deadline will be subject to a \$75.00 administrative fee PER EXAMINATION.

A transferring applicant must remit those administrative fees to ASNT by the application deadline for the rescheduled examination. No examination attendance will be permitted unless all fees are paid. Canceling applicants will receive a refund, less all administrative fees.

No transfers or cancellations will be accepted after the above transfer deadline. Failure to show up ("No Shows") for scheduled examinations will result in forfeiture of the fees for the missed examinations. If an examination application is received and the applicant is found to be unqualified to take the examination, a refund will be issued less an administrative fee of \$75.00 PER EXAMINATION. All Exam sitting fees will be refunded.

All requests for transfers or cancellations must be submitted in writing to ASNT and be signed by the person registered for the examination. A signed fax transmittal is acceptable. Membership Fees are non-refundable and non-transferable.

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## Statements and Signature

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 II 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 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.

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

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

\_\_\_\_\_  
Date

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## Submit Application

### Mail

Mail this application, attachments, and fees to ASNT at:

### ASNT

1711 Arlingate Lane  
Columbus, OH 43228-0518

## or apply online at

[Start your application here](#)

Make checks payable to ASNT.

### 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)

# 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. Sanctions may include suspension or revocation as determined by ASNT.



# ASNT Individual Membership Application

Source Code WEB

Please complete both sides of this form.

## Member Information

|  |                |                                      |         |
|--|----------------|--------------------------------------|---------|
| Last Name  | First Name     | M.I.                                 | Mr./Ms. |
| Home Address   |                |                                      |         |
| City   | State          | Zip/Postal Code                      |         |
| Country  | Phone          | Fax                                  |         |
| Cell Phone   | Home E-mail    |                                      |         |
| Company Name   |                |                                      |         |
| Company Address  |                |                                      |         |
| City   | State          | Zip/Postal Code                      |         |
| Country  | Business Phone | Business Fax                         |         |
| Business E-mail  |                |                                      |         |
| Send Materials to: <input type="radio"/> Home <input type="radio"/> Office |                |                                      |         |
| If recruited, by whom? _____   |                | Local Section (Chapter) Choice _____ |         |

Choices posted online at [asnt.org/sections](http://asnt.org/sections)

## Member Profile

**1. Date of Birth** \_\_\_\_\_

**2. Gender**  Male  Female

**3. Education (Check highest level)**

|                         | Enrolled              | Completed             |
|-------------------------|-----------------------|-----------------------|
| High School             | <input type="radio"/> | <input type="radio"/> |
| Some College            | <input type="radio"/> | <input type="radio"/> |
| 2-Year Associate Degree | <input type="radio"/> | <input type="radio"/> |
| 4-Year Bachelor Degree  | <input type="radio"/> | <input type="radio"/> |
| Master's Degree         | <input type="radio"/> | <input type="radio"/> |
| Doctorate Degree        | <input type="radio"/> | <input type="radio"/> |

If enrolled, expected graduation date \_\_\_\_\_

**4. Years of Experience in NDT**  
 0-5  6-10  11-15  16-20  21 & over

**5. Number of people involved with NDT at your company**  
 1-5  6-20  21-50  51-100  over 100

**6. What is your job title?** \_\_\_\_\_

**7. Your Job Function—Choose the one which best describes your role.** (select only one)

|   |  |
|---|--|
| <input type="radio"/> Academic/Educator | <input type="radio"/> Sales/Marketing      |
| <input type="radio"/> Consultant        | <input type="radio"/> Student              |
| <input type="radio"/> Engineer          | <input type="radio"/> Technician/Inspector |
| <input type="radio"/> NDT Management    | <input type="radio"/> Trainer/Instructor   |
| <input type="radio"/> Researcher        | <input type="radio"/> Quality Management   |

### 8. Purchasing Responsibility (select all that apply)

- I recommend/approve purchase of equipment/instruments/supplies
- I recommend/approve purchase of training & study materials/programs
- I recommend purchase of services
- I am not involved in purchasing

### 9. With which NDT method(s) do you work? (select all that apply)

- |   |   |
|---|---|
| <input type="radio"/> Acoustic Emission                     | <input type="radio"/> Liquid Penetrant      |
| <input type="radio"/> Alternating Current Field Measurement | <input type="radio"/> Magnetic Flux Leakage |
| <input type="radio"/> Electromagnetic/Eddy Current          | <input type="radio"/> Magnetic Particle     |
| <input type="radio"/> Ground Penetrating Radar              | <input type="radio"/> Microwave             |
| <input type="radio"/> Guided Wave                           | <input type="radio"/> Neutron Radiography   |
| <input type="radio"/> Infrared & Thermal                    | <input type="radio"/> Radiography           |
| <input type="radio"/> Laser                                 | <input type="radio"/> Ultrasonics           |
| <input type="radio"/> Leak                                  | <input type="radio"/> Vibration Analysis    |
|   | <input type="radio"/> Visual                |

**Complete both sides of this form and mail or fax to:**  
 ASNT, PO Box 28518, Columbus, OH USA 43228-0518  
 Fax 614.274.6899  
 Join online at [asnt.org](http://asnt.org)

### For Questions Contact Customer Service:

Phone **614.274.6003**  
 Toll Free **800.222.2768 (US/Canada)**

Last Name

First Name

### Member Profile continued

#### 10. Choose the primary business industry segment that best describes your company. (select only one)

*NDT Utilization Business*

- Aerospace/Aviation/Aircraft
- Amusement Rides & Skiing
- Automotive
- Chemical & Petroleum
- Construction
- Commercial Labs
- Infrastructure (Roads & Bridges)
- Electronics
- Marine
- Medical
- Nuclear
- Optical
- Ordnance
- Pipeline
- Pulp/Paper
- Railroad
- Semi Conductor
- Utilities

*NDT Supplier Business*

- Consulting
- Distributor/Manufacturers' Representative
- Equipment
- Research
- Robotics
- Supplies
- Training
- Computer Software
- Computer Hardware

#### 11. Choose the primary type of application of NDT that you do? (select only one)

- Design and Failure Analysis
- Field Inspection
- Incoming Inspection
- In-service, Plant/Operation Maintenance & Process Control
- Product Life Extension
- QA/QC Reliability
- None of the above

#### 12. Highest Level of NDT qualification. (select only one)

- None
- Level I
- Level II
- Level III
- Other \_\_\_\_\_
- ASNT NDT Level III
- ACCP Level II
- ACCP Level III
- IRRSP

### Membership Categories

|   | Dues                           | Dues, plus optional Airmail    |
|---|--------------------------------|--------------------------------|
| Student (1 year; requires proof of full-time student enrollment)          | <input type="radio"/> \$ 25.00 | N/A                            |
| New NDT Professional (1 year; early career with less than 5 years in NDT) | <input type="radio"/> \$ 40.00 | N/A                            |
| NDT Professional (1 year)   | <input type="radio"/> \$100.00 | <input type="radio"/> \$148.00 |
| NDT Professional (2 years)  | <input type="radio"/> \$190.00 | <input type="radio"/> \$286.00 |
| NDT Professional (3 years)  | <input type="radio"/> \$270.00 | <input type="radio"/> \$414.00 |
| NDT Professional (5 years)  | <input type="radio"/> \$425.00 | <input type="radio"/> \$665.00 |
| Active Military (1 year; active service members)                          | <input type="radio"/> \$ 40.00 | N/A                            |
| Retired (1 year; eligibility verification required)                       | <input type="radio"/> \$ 35.00 | N/A                            |
| Lifetime (eligibility verification required)                              | <input type="radio"/> \$800.00 | N/A                            |

Dues are nonrefundable, nontransferable. Includes subscription to *Materials Evaluation* and *The NDT Technician*, a quarterly newsletter.

**Student and New NDT Professional members receive periodical subscriptions electronically only.**

**For members outside North America:** Unless airmail is purchased, all printed periodical subscriptions will be sent sea/surface mail; allow 3-4 months for delivery.

### Research in Nondestructive Evaluation (RNDE®) Subscription

**RNDE® is ASNT's bi-monthly research journal.**

|  | Subscription                   | Subscription, plus optional Airmail |
|--|--------------------------------|-------------------------------------|
| Print Subscription   | <input type="radio"/> \$ 85.00 | <input type="radio"/> \$206.00      |
| Electronic Subscription                                      | <input type="radio"/> \$ 85.00 |                                     |
| Print and Electronic Subscription — <b>a savings of \$65</b> | <input type="radio"/> \$105.00 | <input type="radio"/> \$226.00      |

### Payment Information

#### Total Amount Paid \$

All payments including checks and money orders must be made in U.S. funds (dollars) through U.S. Banks.

Form of Payment     AmEx     MasterCard     Visa     Discover     Check     Funds Transfer

Type of Card     Personal     Business

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CIN\* \_\_\_\_\_

Name on Card Print please \_\_\_\_\_

Signature \_\_\_\_\_

Cardholder Information \_\_\_\_\_

Address, City, State, Zip, Country

\* **Credit Card Identification Number.** For Visa/MasterCard/Discover: The three-digit value is printed on the signature panel on the back of cards immediately following the account number. For American Express: 4 digit, non-embossed number printed above your account number on the face of your card.

**Return with payment to The American Society for Nondestructive Testing, Inc., PO Box 28518, Columbus OH 43228-0518; Or join online at [asnt.org](http://asnt.org), Fax 614.274.6899, Phone 614.274.6003 or 800.222.2768 US/Canada. Federal ID# 31-1231529.**