

# ASNT Central Certification Program Level II Renewal 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 ASNTN 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

## Renewals Requested

Check the methods below in which certification renewal is sought.

MT     PT     RT     UT     VT                       Please equalize my certifications

## Fees

All fees are listed in US dollars

<b>Application Fee</b>	Includes new certificate and wallet card	<b>\$150</b>
<b>Method Fees</b>	<b>ASNT Members:</b> Number of methods checked above _____ times \$50 =	
	<b>Non-Members:</b> Number of methods checked above _____ times \$125 =	
<b>Membership Option</b>	<b>Take advantage of member pricing now by completing the Membership Application at the end of this application and include the total here:</b>	
<b>Total</b>		

## Payment

Applications will not be processed without payments.

### Credit Card

Visa     Mastercard     Discover     American Express

**Checks**

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

**Funds Transfer**

(Contact ASNT for wire instructions.)

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

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

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

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

**\*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.

# 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.

## Reaffirmation of the Code of Ethics

By signature on this application, if certified by ASNT, I agree to abide by the ASNT Code of Ethics for ASNT Level II Personnel 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 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.

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

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

\_\_\_\_\_  
Date

# ACCP Level II Continued Employment Documentation

Use this form to list your employment history. If submitting documentation from more than one source, submit in reverse chronological order, beginning with Position 1. ASNT Central Certification renewal requires documentation affirming that the applicant has been actively employed in NDT and has been using the applicable test methods without significant interruption during the current 5-year certification period. Acceptable documents include a signed statement from the employer or responsible 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.

**Name**

\_\_\_\_\_

Last First Middle Initial 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 the methods and techniques below where NDT job functions were performed by the candidate named above and indicate the number of months claimed for each.

<input type="checkbox"/> MT _____ Months	<input type="checkbox"/> PT _____ Months	<input type="checkbox"/> RT _____ Months	<input type="checkbox"/> UT _____ Months	<input type="checkbox"/> VT _____ Months
<input type="checkbox"/> Bench	<input type="checkbox"/> Post-emulsifiable	<input type="checkbox"/> Gamma	<input type="checkbox"/> Casting/Forgings	<input type="checkbox"/> Direct
<input type="checkbox"/> Yoke	<input type="checkbox"/> Solvent-removable	<input type="checkbox"/> X-ray	<input type="checkbox"/> Welds	<input type="checkbox"/> Remote
	<input type="checkbox"/> Water-Washable			

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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)

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Title

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

**Name**

\_\_\_\_\_  
Last First Middle Initial 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 the methods and techniques below where NDT job functions were performed by the candidate named above and indicate the number of months claimed for each.

- |  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> MT _____ Months | <input type="checkbox"/> PT _____ Months   | <input type="checkbox"/> RT _____ Months | <input type="checkbox"/> UT _____ Months  | <input type="checkbox"/> VT _____ Months |
| <input type="checkbox"/> Bench           | <input type="checkbox"/> Post-emulsifiable | <input type="checkbox"/> Gamma           | <input type="checkbox"/> Casting/Forgings | <input type="checkbox"/> Direct          |
| <input type="checkbox"/> Yoke            | <input type="checkbox"/> Solvent-removable | <input type="checkbox"/> X-ray           | <input type="checkbox"/> Welds            | <input type="checkbox"/> Remote          |
|  | <input type="checkbox"/> Water-Washable    |  |   |  |

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

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

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)

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Title

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

**Name**

\_\_\_\_\_  
Last First Middle Init. 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 the methods and techniques below where NDT job functions were performed by the candidate named above and indicate the number of months claimed for each.

- |  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> MT _____ Months | <input type="checkbox"/> PT _____ Months   | <input type="checkbox"/> RT _____ Months | <input type="checkbox"/> UT _____ Months  | <input type="checkbox"/> VT _____ Months |
| <input type="checkbox"/> Bench           | <input type="checkbox"/> Post-emulsifiable | <input type="checkbox"/> Gamma           | <input type="checkbox"/> Casting/Forgings | <input type="checkbox"/> Direct          |
| <input type="checkbox"/> Yoke            | <input type="checkbox"/> Solvent-removable | <input type="checkbox"/> X-ray           | <input type="checkbox"/> Welds            | <input type="checkbox"/> Remote          |
|  | <input type="checkbox"/> Water-Washable    |  |   |  |

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

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

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)

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Title

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

**Name**

\_\_\_\_\_  
Last First Middle Initial 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 the methods and techniques below where NDT job functions were performed by the candidate named above and indicate the number of months claimed for each.

- |  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> MT _____ Months | <input type="checkbox"/> PT _____ Months   | <input type="checkbox"/> RT _____ Months | <input type="checkbox"/> UT _____ Months  | <input type="checkbox"/> VT _____ Months |
| <input type="checkbox"/> Bench           | <input type="checkbox"/> Post-emulsifiable | <input type="checkbox"/> Gamma           | <input type="checkbox"/> Casting/Forgings | <input type="checkbox"/> Direct          |
| <input type="checkbox"/> Yoke            | <input type="checkbox"/> Solvent-removable | <input type="checkbox"/> X-ray           | <input type="checkbox"/> Welds            | <input type="checkbox"/> Remote          |
|  | <input type="checkbox"/> Water-Washable    |  |   |  |

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

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

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)

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Title

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

**Name**

\_\_\_\_\_  
Last First Middle Initial 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 the methods and techniques below where NDT job functions were performed by the candidate named above and indicate the number of months claimed for each.

- |  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> MT _____ Months | <input type="checkbox"/> PT _____ Months   | <input type="checkbox"/> RT _____ Months | <input type="checkbox"/> UT _____ Months  | <input type="checkbox"/> VT _____ Months |
| <input type="checkbox"/> Bench           | <input type="checkbox"/> Post-emulsifiable | <input type="checkbox"/> Gamma           | <input type="checkbox"/> Casting/Forgings | <input type="checkbox"/> Direct          |
| <input type="checkbox"/> Yoke            | <input type="checkbox"/> Solvent-removable | <input type="checkbox"/> X-ray           | <input type="checkbox"/> Welds            | <input type="checkbox"/> Remote          |
|  | <input type="checkbox"/> Water-Washable    |  |   |  |

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

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

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)

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Title

## Photos and Signature

Attach 2 passport-type photos (2 x 2 inches) over the box indicated below. In the signature box, sign your name as you would like it to appear on your wallet card. **Keep your entire signature within the box.**



Signature Box



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## Submit Application

The application must be completed by the applicant. 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 and have witnessed the application as indicated on page 2.

### Mail

Mail this application, accompanying documents, and fees to ASNT at:

### ASNT

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

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)

## Transfers / Cancellations / Refunds

No refunds will be made for renewal applicants who do not meet the requirements for renewal.

Renewal applications postmarked after the certification expiration date will be returned less a \$75 administrative fee. All other fees are non-refundable and non-transferable.

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 postmarked no earlier than 6 months and no later than 2 months prior to the expiration date shown for each method.** If equalizing methods with different expiration dates, the application must be postmarked 6 to 2 months prior to the expiration date of the earliest expiring method.

Example 1: An application to renew MT and PT Level III certifications both expiring in July 2005 must be postmarked between January 31, 2005 and May 31, 2005, which are 6 and 2 months prior to July 31, 2005, respectively.

Example 2: An application to renew and equalize an RT certification expiring October 2005 and a UT certification expiring February 2006 must be postmarked between April 30, 2005 and August 31, 2005, which are 6 and 2 months prior to the earliest expiration date of October 31, 2005.





# 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 <a href="http://asnt.org/sections">asnt.org/sections</a>			

## 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	<input type="radio"/> Magnetic Flux Leakage
<input type="radio"/> Field Measurement	<input type="radio"/> Magnetic Particle
<input type="radio"/> Electromagnetic/Eddy Current	<input type="radio"/> Microwave
<input type="radio"/> Ground Penetrating Radar	<input type="radio"/> Neutron Radiography
<input type="radio"/> Guided Wave	<input type="radio"/> Radiography
<input type="radio"/> Infrared & Thermal	<input type="radio"/> Ultrasonics
<input type="radio"/> Laser	<input type="radio"/> Vibration Analysis
<input type="radio"/> Leak	<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.**