

# ACCP Level II Recertification by Examination Application



*This application is for ACCP Level IIs that must recertify  
by abbreviated Practical examination at the 10-year interval.*

## 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 listed in US dollars.

Examination Total	Enter total exam fees from page 2	
Membership Option	Take advantage of member pricing NOW by completing the Membership Application at the end of the application and include the total here:	
	Total	

## 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: \_\_\_\_\_

# 10-year Recertification Requirements for ACCP Level II Personnel

10 years after initial certification or recertification by examination, ACCP Level II certificate holders must renew by completing the following requirements:

- 1) Complete and submit this application with fees;
- 2) Pass an abbreviated practical renewal examination. The renewal examination will consist of a hands-on practical examination of at least two (2) ASNT test pieces, with a minimum of one (1) test piece in each applicable test technique. All examinations are conducted in the English language.

## ACCP™ Level II Recertification Examination Fees

The table below lists the ASNT Member and Non-Member examination fees for ACCP Level II recertification by examination. To determine the fees that should be placed on the "Examination Total" line under "Fees" on page 1, do the following:

- 1) Check the boxes below to show which Techniques in you wish to recertify;
- 2) Place the proper fee in the "Total per Method" column for each test method;
- 3) Total the right column fees and place that amount in the block at the bottom and in Block 1 on page 1.

Industrial Sector(s) applying for:  General Industry (GI)  Pressure Equipment (PE)

US Candidate Fees						
Methods	ASNT Members	*Nonmembers	Techniques			Total per Method
MT	\$297.50 each	\$335.00 each	<input type="checkbox"/> Yoke	<input type="checkbox"/> Bench		
PT	\$270.00 each	\$295.00 each	<input type="checkbox"/> Solvent Removable	<input type="checkbox"/> Post-Emulsifiable	<input type="checkbox"/> Water Washable	
RT	\$297.50 each	\$335.00 each	<input type="checkbox"/> Gamma	<input type="checkbox"/> X-ray	<input type="checkbox"/> Combo	
UT	\$297.50 each	\$335.00 each	<input type="checkbox"/> Welds	<input type="checkbox"/> Castings/Forgings		
VT	\$297.50 each	\$335.00 each	<input type="checkbox"/> Direct	<input type="checkbox"/> Remote		
<b>Total Fees</b>						\$

International Candidate Fees						
Methods	ASNT Members	Nonmembers	Techniques			Total per Method
MT	\$337.50 each	\$375.00 each	<input type="checkbox"/> Yoke	<input type="checkbox"/> Bench		
PT	\$310.00 each	\$335.00 each	<input type="checkbox"/> Solvent Removable	<input type="checkbox"/> Post-Emulsifiable	<input type="checkbox"/> Water Washable	
RT	\$337.50 each	\$375.00 each	<input type="checkbox"/> Gamma	<input type="checkbox"/> X-ray	<input type="checkbox"/> Combo	
UT	\$337.50 each	\$375.00 each	<input type="checkbox"/> Welds	<input type="checkbox"/> Castings/Forgings		
VT	\$337.50 each	\$375.00 each	<input type="checkbox"/> Direct	<input type="checkbox"/> Remote		
<b>Total Fees</b>						\$

\* To take advantage of member pricing now, complete the membership application attached to the back of this application and include the membership payment on the "Membership Option" line under Fees on page 1.

After your application is approved, you will receive an Approval letter from ASNT. You will then contact the ASNT Authorized Examination Center (AEC) of your choice to schedule the date and time for your examination.

# Experience

Photocopy this page as necessary to list your NDT work experience since your initial certification or last renewal. If submitting experience from more than one employer, submit experience in reverse chronological order (most recent first), beginning with Position 1. Acceptable documentation of recent experience can include employer 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.

**For GI Sector personnel wishing to upgrade to the Pressure Equipment Sector, an ASNT NDT Level III, ACCP Professional Level III, or an Authorized Inspector\* must attest to the experience by signature below.**

**Name** \_\_\_\_\_  
Last First Middle Initial ASNT ID #

**Position #** \_\_\_\_\_ **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 techniques below where NDT job functions were performed by the candidate named above and indicate the number of hrs. claimed for each.

- MT \_\_\_\_\_ Months
- PT \_\_\_\_\_ Months
- RT \_\_\_\_\_ Months
- UT \_\_\_\_\_ Months
- VT \_\_\_\_\_ Months
- Bench
- Post-Emulsifiable
- Gamma
- Casting/Forging
- Direct
- Yoke
- Solvent-removable
- X-ray
- Welds
- Remote
- Water-Washable

**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)

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Title

## 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

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## Photos and Signature

Attach 2 passport-type photos (2 x 2 inches) over the box indicated below **OR**

Check here if you wish to use the picture submitted with your original application.

Attach two (2)  
passport photos  
here.

In the signature box below, sign your name as you would like it to appear on your wallet card. **Keep your entire signature entirely within the box.**

Signature Box

# 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.

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

## 1.0 Purpose

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.

## Examination Scheduling

ACCP Level II renewal examinations may be scheduled and taken up to nine (9) months prior to the applicant's current expiration date, which is the last day of the month listed on the certificate. Successful renewals will be dated from the current expiration date, **not** the examination date.

Applicants are encouraged to examine as early as possible so that if they do not pass these examinations, they will have time to retake the full set of initial certification examinations (per applicable techniques) prior to expiration and keep their current certifications from expiring.

## **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.

### **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)



# 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	<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 | <input type="radio"/> \$226.00      |
| 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, Fax 614.274.6899, Phone 614.274.6003 or 800.222.2768 US/Canada. Federal ID# 31-1231529.**