

## Confirm Statements

If certified by ASNT, I agree to abide by the Code of Ethics for Level III 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 III before ASNT, does hereby release and forever discharge The American Society For Nondestructive Testing, an Ohio Corporation, from any and all liabilities, claims, demands, or causes of action whatsoever, which now exist or which may hereafter arise on account of the undersigned's activities henceforth as Level III certified by ASNT.

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

I agree not to release confidential examination materials or participate in fraudulent test-taking practices. I agree to comply with the certification requirements and to supply any information needed for the assessment.

I understand that I am required to inform ASNT of matters that affect my capability to continue to fulfill the requirements of my certification (s). Failure to do so may result in the suspension or revocation of my certification(s) by ASNT.

I authorize ASNT to publish my name, city, state, country, test methods, levels, expiration dates of certification(s) and any possible suspension or revocation of certification(s) by ASNT.