



# ACCP Level III Renewal

## Continued Active Employment

Name \_\_\_\_\_

First, Middle, Last

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

Continued active employment in Level III functions as related to the method(s) for which renewal is sought.

An NDT Level III individual should be capable of establishing techniques and procedures, interpreting codes, standards, specifications, and procedures; and designating the particular NDT methods, techniques and procedures to be used. The NDT Level III should be responsible for the NDT operations for which qualified and assigned and shall be capable of interpreting and evaluating results in terms of existing codes, standards and specifications. The NDT Level III should have sufficient practical background in applicable materials, fabrication, and product technology to establish techniques and to assist in establishing acceptance criteria when none are otherwise available. The NDT Level III should have general familiarity with other appropriate NDT methods, as demonstrated by the ASNT Level III Basic examinations or other means. The NDT Level III, in the methods in which certified, should be capable of training and examining NDT Level I and II personnel for certification/recertification in those methods.

Such employment must have covered at least 36 months during the valid certification period, but not necessarily 36 consecutive months.

Total number of months of active employment in Level III functions in the methods to be renewed during the period of certification. Add all of the engagements and enter total to the right.	Months
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At least 12 of the 24 months immediately preceding the expiration of the certification must have been spent in Level III functions.

Total number of months of active employment in Level III functions in the methods to be renewed during the 24 months immediately preceding expiration of certification. Enter number of months in last 24 here.	Months
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If work experience during the certification period **DID NOT** include all methods for which renewal is being sought, at least two additional points shall be obtained in each method for which there was no work experience. **Check below any methods where you did NOT meet the criteria listed above.** Otherwise continue on.

MT

PT

RT

UT

VT

### Summary of Engagements

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

# ACCP Level III Employment Documentation

Name \_\_\_\_\_

First, Middle, Last

**Position # 1**

Dates of Employment: \_\_\_\_\_  
Start Date      End Date      Total Time (Months)

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

Employer Contact Name \_\_\_\_\_

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

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Check the methods below where you performed Level III job functions during this engagement

MT       PT       RT       UT       VT

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Position #2**

Dates of Employment: \_\_\_\_\_  
Start Date      End Date      Total Time (Months)

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

Employer Contact Name \_\_\_\_\_

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

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Check the methods below where you performed Level III job functions during this engagement

MT       PT       RT       UT       VT

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# ACCP Level III Employment Documentation

Name \_\_\_\_\_

First, Middle, Last

Position # 3

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

Start Date      End Date      Total Time (Months)

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

Employer Contact Name \_\_\_\_\_

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

City      State/Prov.      ZIP/Postal Code      Country

Phone      Fax      Email

Check the methods below where you performed Level III job functions during this engagement

MT       PT       RT       UT       VT

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Position #4

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

Start Date      End Date      Total Time (Months)

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

Employer Contact Name \_\_\_\_\_

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

City      State/Prov.      ZIP/Postal Code      Country

Phone      Fax      Email

Check the methods below where you performed Level III job functions during this engagement

MT       PT       RT       UT       VT

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date