

Summary of Engagements (continued)

Photocopy this page 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.

Position # _____

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

RT MT UT PT ET AE IR LT NR VA VT ML

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.

Position # _____

Dates of Employment: _____

Start Date End Date Total Time (Months)

Organization Name _____

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Organization Address _____

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Phone Fax Email

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

RT MT UT PT ET AE IR LT NR VA VT ML

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