

# ASNT Central Certification Program Level II Application for AWS CWI / SCWI Certificate Holders



## Scope

This application is valid only for personnel who hold a currently valid American Welding Society (AWS) Certified Welding Inspector (CWI) or Senior Certified Welding Inspector (SCWI) certificate. Upon approval, the applicant will be issued an ASNT Central Certification Program (ACCP) Level II Visual and Optical Testing (VT) certification **which will expire when the current AWS CWI or SCWI certificate expires**. ACCP renewal through ASNT will be required at that time. ACCP certification is contingent on maintaining a valid CWI or SCWI certification.

## ASNT Identification Number

If you have previously been given an ASNT identification number, please enter it in this box:

## Personal Data

Mail certification information to:  Home  Work

### Name

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Init. \_\_\_\_\_

### Home

Address \_\_\_\_\_

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

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

### Work

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

Address \_\_\_\_\_

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

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

## Fees

All fees are due with application.

<b>Application Fee</b> (Choose One)	<b>New</b> (first time certifications)	\$200	
	<b>Add-On</b> (to add a Sector or Technique to an existing ACCP Level II VT certification)	\$100	
<b>PE Sector Fee</b>	<b>Optional (see page 2)</b>	\$25	
<b>Remote Technique Fee</b>	<b>Optional (see page 2)</b>	\$25	
<b>International Surcharge</b>	For all non-US Residents	\$40	
<b>Total</b>			

## Payment

Personal Credit Card  Company Credit Card

Check  Visa Card Holder's Name \_\_\_\_\_

Money Order  MasterCard Card Number \_\_\_\_\_

**Make payable to ASNT**  American Express Expiration Date \_\_\_\_\_ CIN Number\* \_\_\_\_\_

(must be drawn on a US bank)  Discover Card Holder's Signature \_\_\_\_\_

\*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.

## Additional Sector/Technique Experience (Optional)

**Note:** ACCP Level II VT certification in the General Industry (GI) Sector and in the Direct (D) Technique is granted without documenting any additional experience, provided all other requirements are met. **Complete this page only if you are seeking ACCP Level II VT certification in the Pressure Equipment (PE) Sector or Remote (R) Technique.** Additional fees are required for the additional sector and for the additional technique (see page 1).

ACCP Level II VT certification in the Pressure Equipment (PE) Sector requires three (3) years of documented experience in pressure-related visual inspection. ACCP Level II VT certification in the Remote (R) Technique requires documented remote-viewing experience.

Photocopy this page as necessary to document your experience. List positions in reverse chronological order.

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 one or both below for this engagement.

Pressure Equipment Sector       Remote Technique

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

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

To be approved for 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.

To be approved for the Remote Technique, the employer, an ASNT NDT Level III, ACCP Professional Level III, or an Authorized Inspector\* must attest to the experience by signature below.

I have reviewed this application and hereby attest that the experience times claimed by the above applicant are true and correct to the best of my knowledge. I understand that should the above information be found fraudulent, the applicant's certification may be revoked and other penalties may apply.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
ASNT NDT / ACCP Professional Level III Certification No.

**or**

\_\_\_\_\_  
Company

\_\_\_\_\_  
AI\* Certificate No.

\*A photocopy of the AI's currently valid certification card must be attached to this application when an AI signs off on the experience.

# Vision Requirements

Vision examinations shall be administered by a physician, licensed nurse, ophthalmologist or optometrist, or by personnel approved by the employer's Level III. The visual examination date must be within **12 months** of the date that this application is signed. The form below may be used to document this requirement.

## Near distance vision

You must have visual acuity in at least one eye capable of reading the **Jaeger J1** test chart, or equivalent, at a distance of not less than 30 cm (12in.)

## Color vision

You must be able to differentiate between the colors used in the NDT method(s) for which certification is required.

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## Attestation of Visual Acuity

Eye Exam Date \_\_\_\_\_

Candidate Name (please print) \_\_\_\_\_

I attest that I administered a **near distance examination** on the candidate named above, and that the candidate has natural or corrected near-distance acuity in at least one eye capable of reading the Jaeger Number 1 test chart or equivalent at a distance of not less than 30 cm (12 in.).

I attest that I administered a **color perception examination** on the candidate named above, and that the candidate has:

No Color Perception Deficiency       Color Perception Deficiency (Specify) \_\_\_\_\_

\_\_\_\_\_  
Signature of Eye Examiner

\_\_\_\_\_  
Date

Ophthalmologist/Optometrist       Physician       Registered Nurse

Employer's Level III      Certificate No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other (Approved by the Employer's Level III):      Title: \_\_\_\_\_

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## Employer Attestation (for Candidate Color Perception Deficiency)

**If the candidate has a color perception deficiency**, the candidate's ability to distinguish colors used in the applicable method(s) as specified by the employer must be confirmed by the employer or a designated and responsible agent of the employer (such as an ASNT Level III, ACCP Professional Level III, or company Level III per SNT-TC-1A).

I attest that the above named candidate has sufficiently demonstrated the ability to distinguish colors used in the applicable test method(s) as specified in employer procedures.

\_\_\_\_\_  
Employer/Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/Agent Name (print)

\_\_\_\_\_  
ASNT ID (if applicable)

\_\_\_\_\_  
Title

# 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.

## Affirmation of Code of Ethics

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

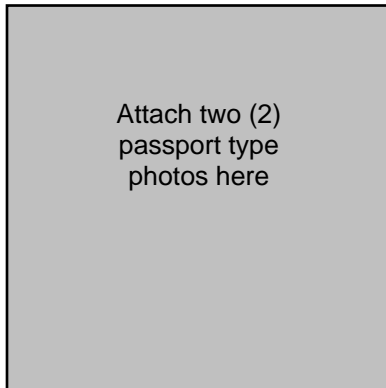
\_\_\_\_\_  
Date

## Copy of AWS CWI or SCWI Certificate

Attach a copy of your currently valid American Welding Society Certified Welding Inspector or Senior Certified Welding Inspector certificate or wallet card to the back of this application.

## Photos and Signature

Attach 2 passport-type photos 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.** Both items are required for your wallet card.



Signature Box



## Transfers/Cancellations/Refunds

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

All fees are non-refundable and non-transferable.

**No exceptions will be made to the above policy.**

## Submit Application

The application must be completed by the applicant.

All submitted documents must be written in the English language. Those documents written in other than the English language must be accompanied by English translation.

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 certification process.

The applicant is required to sign the application on pages 4 and 5.

### Mail

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

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