ASNT Central Certification Program Level II Application (US AECs)

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
Mail membership material to: ☐ Home ☐ Work ___Mr ___Miss ___Mrs ___Ms

Name _____
Print your name as you would like it to appear on your certificate: First, Middle or Middle Initial, Last

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 in US dollars.

Examination Total	Enter total exam fees from page 2		
International Mailing Surcharge	Add for all Non-US Residents	$40	
Membership **NOTE:** *Non-members may become ASNT members by filling out the application on pages 8 & 9.*	☐ Current ASNT Member	No fee	
	☐ Renew ASNT Membership *(current or less than 6 months past due)*	$65	
	☐ New ASNT Membership *(or renewing more than 6 months past due)*	$75	
	☐ Non-Member Administrative Fee	$75	

Payment

Payment must accompany application

Total Fees	
Less transfer in *(if applicable- include copy of transfer letter)*	-
Total Due	

Note: Authorized Examination Centers (AECs) may charge additional fees.

☐ Check ☐ Discover ☐ Personal Credit Card ☐ Company Credit Card

☐ Money Order ☐ Visa

☐ Funds Transfer ☐ MasterCard

☐ American Express

Card Holder's Name (please print) _____

Credit Card Billing Address _____

Card Number _____

Expiration Date _____ CIN Number* _____

Card Holder's Signature _____ Date _____

Make payable to ASNT *(must be drawn on a US bank)*

***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.

ACCP™ Level II Examinations

Use the tables below to designate the examinations you would like to take.

ASNT ACCP™ examinations are administered by ASNT Authorized Examination Centers (AECs). If your application is approved, you will receive a Letter of Approval from ASNT. After you have received approval, contact the AEC of your choice to schedule your examinations. AECs cannot schedule ASNT exams until you have been approved by ASNT. *AECs may charge additional fees.* A list of current AECs is available online at www.asnt.org and will be included with your Letter of Approval. ASNT must receive this application at least 15 working days prior to any exam to be scheduled at an AEC.

Initial Certification Exam Packages

First time applicants should choose one or more exam packages from these tables.

Each of the certification exam packages listed below include all three written examinations required for ACCP™ Level II certification within that Method: the General, Specific, and Instruction Preparation examinations, and one or more Practical examinations. To complete your exam package, choose one certification Sector and one or more certification Techniques. The Sector you choose determines which Specific exam you will take and the Techniques you choose determine which Practical exams you will take.

MT	**Sector** *(choose one)*	☐ General Industry	☐ Pressure Equipment		$
	Technique *(choose all that apply)*	☐ Bench	☐ Yoke		
	Fee	*Enter $275 for any one technique, or $325 if taking both techniques*			

PT	**Sector** *(choose one)*	☐ General Industry	☐ Pressure Equipment		$
	Technique *(choose all that apply)*	☐ Post-emulsifiable	☐ Solvent-removable	☐ Water-washable	
	Fee	*Enter $275 for any one technique, or $325 for any two or all techniques*			

RT	**Sector** *(choose one)*	☐ General Industry	☐ Pressure Equipment		$
	Technique *(choose one)*	☐ Gamma (RAM)	☐ X-ray	☐ Combo *(covers both)*	
	Fee	*Enter $275 for Gamma or X-ray, or $325 for the Combo (all include film interpretation)*			

UT	**Sector** *(choose one)*	☐ General Industry	☐ Pressure Equipment		$
	Technique *(choose all that apply)*	☐ Str. & angle beam (welds)	☐ Str. & angle beam (castings/forgings)		
	Fee	*Enter $275 for any one technique, or $325 if taking both techniques*			

VT	**Sector** *(choose one)*	☐ General Industry	☐ Pressure Equipment		$
	Technique *(choose all that apply)*	☐ Direct	☐ Remote		
	Fee	*Enter $275 for any one technique, or $325 if taking both techniques*			
	Note *Applicants seeking VT certification through an AWS CWI or SCWI certification must use the application for CWI certificate holders.*				

Retake / Add-On Exams

First time applicants should choose one or more exam packages from the tables above. **If retaking <u>all</u> examinations within a single method, take a full exam package above.**

Each item in this table is a separate examination. Choose exams from this table to retake a failed examination or to widen the scope (either the Sector or Technique) of an existing certification. When widening the scope an existing certification, the expiration date of the added Sector or Technique will match the current expiration date for the corresponding ACCP™ Level II Method.

	Written Examinations					Practical Examinations				
	General Exam	Specific Exam		IP* Exam	Fees	Techniques			Fees	
		GI*	PE*							
MT	☐	☐	☐	☐	*$100 each*	☐ Bench	☐ Yoke		*$200 each / $275 for both*	$
PT	☐	☐	☐	☐		☐ Post-emulsifiable	☐ Solvent-removable	☐ Water-washable	*$200 each / $275 for 2 or 3*	$
RT	☐	☐	☐	☐		☐ Gamma	☐ X-ray	☐ Combo	*$275 (choose only one)*	$
UT	☐	☐	☐	☐		☐ Welds	☐ Castings/Forgings		*$200 each / $275 for both*	$
VT	☐	☐	☐	☐		☐ Direct	☐ Remote		*$200 each / $275 for both*	$

*Abbreviations- **GI**: General Industry Sector; **PE**: Pressure Equipment Sector; **IP**: Instruction Preparation Exam.

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**. Please use black or blue ink. Keep your entire signature inside the box.**

Attach two (2)
passport photos here

Signature Box

Minimum Training Requirements

Use this table to find the minimum training required for ACCP™ Level II certification in each method. Enter the amount of training you are claiming to meet the requirements.

Training	MT	PT	RT	UT	VT
Hours *Required*	40	40	120	120	24
Hours *Claimed*					

Training hours may include both practical and theory courses. Practical training may not make up more than 50% of the overall Level II training curriculum.

You must **attach documentation** for the minimum amount of training required. Attach copies of training certificates, letters of completion, or company training records. A signed statement attesting to completion of training from a company executive, an individual responsible for training, or an ASNT Level III or ACCP™ Professional Level III is also acceptable if it clearly lists training hours. All documentation must be in English or accompanied by an English translation.

Minimum Experience Requirements

Use this table to find the minimum experience required for ACCP™ Level II certification in each method. Enter the amount of experience you are claiming to meet the requirements. Use the next page to document the individual positions in which experience was obtained.

Total hours in method experience shall be based on the actual hours worked in the specific method. Total hours in method must be met for each method when applying for more than one method. While fulfilling **total hours in NDT** experience requirement, experience may be gained in more than one method.

Experience		MT	PT	RT	UT	VT
Hours *Required*	**Total Hours in Method**	265	200	800	800	200
	Total Hours in NDT	530	400	1600	1600	400
Hours *Claimed*	**Total Hours in Method**					
	Total Hours in NDT					

*Industrial experience may be obtained either prior to or following successful completion of an ACCP examination***. If you plan to obtain the required experience following the exams, enter an "X" in the appropriate boxes above.** In the event that experience is sought following the examination, the examination results shall be valid for up to one year for MT, PT, and VT and two years for RT and UT. You will need to submit documentation of experience to ASNT during this time.

Experience

Photocopy this page as necessary to list your experience history. If submitting experience from more than one employer, submit experience in reverse chronological order, beginning with Position 1. ASNT Central Certification requires sufficient NDT experience to meet the minimum experience requirements in the method(s) for which you are applying. Acceptable documents include employer or third-party certificates or 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

Name _____

First, Middle, Last 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 methods below where NDT job functions were performed by the candidate named above and indicate the number of hours claimed for each.

MT ☐	PT ☐	RT ☐	UT ☐	VT ☐
Hours _____	Hours _____	Hours _____	Hours _____	Hours _____

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)

_____

Title

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 to 20/20, at a distance of not less than 30.5 cm (12in.)

Color vision

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

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 30.5 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:_____

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

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. One transfer is permitted within that year, subject to the administrative fees detailed below. Failure to take examinations within that one-year period will result in forfeiture of all fees to ASNT.

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 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.

The International Surcharge and Membership / Administrative Fees are non-refundable and non-transferable.

No exceptions will be made to the above policy.

Statements and Signature

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 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.

_____
Signature of Applicant

_____
Print Name of Applicant

_____
Date

Submit Application

Mail

Mail this application, attachments, and fees to ASNT at:

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

Make checks payable to ASNT.

Fax

Or, if paying by credit card, you may fax this application, attachments, and fees to ASNT at:

614-274-6899

Please do **not** both mail and fax your application.

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.

ASNT Individual Membership Application & Renewal Form

Member Information

Last Name	First Name	M.I.	Phone

Send Membership Materials to: O Home O Office

Former Member: O Yes O No

Join now for immediate and significant savings on examination fees. Save $75 per method.

Earn recertification points for ASNT membership.

Align with your certification period and consider joining for five years to receive maximum savings.

There is no better network for you to be connected when it comes to your NDT career.

Stay informed throughout your certification period by maintaining membership along with your certification.

ASNT membership keeps you informed of the latest in technology in addition to savings on certification exams.

ASNT membership includes:
• 25% discount on all items purchased from our Publications Catalog or Shop ASNT online at www.asnt.org

- Access to the largest network of NDT contacts and businesses worldwide
- Materials Evaluation, the authoritative monthly journal on NDT
- Local Section affiliation, provides educational and business networking opportunities
- The quarterly newsletter for NDT practitioners: The NDT Technician
- Recertification points for membership
- Discounts on national conferences and symposium registration
- Members Only access at www.asnt.org provides publications and networking functions
- Serve on ASNT committees; be part of a group that may effect change or the industry

Become part of the foremost nondestructive testing society and be fully connected to the NDT world.

Membership Options

Renewal Member Dues
To qualify to pay as a renewing member, your membership expiration date must be within six months.

New Member Dues
New members are those joining ASNT for the first time or members having more than a six month gap since expiration. Such rejoining members, are subject to

Renewal Member	Dues	*Dues with Airmail Service included	*New Member Dues	*Dues with Airmail Service included
One-Year	O $65	O $113	O $75	O $123
Two-Year	O $125	O $209	O $135	O $219
Three-Year	O $180	O $294	O $190	O $304
Five-Year	O $290	O $465	O $300	O $475
Student, One-Year Must submit transcript or letter or enrollment	O $15	O $63	O $15	O $63
Military Rank E-5 or lower	O $30	O $78	O $30	O $78

All pricing subject to change.

New member dues include a one-time $10 administration fee

Dues include subscriptions to *Materials Evaluation* and *The NDT Technician.*

For members outside North America: Unless airmail is specified, all materials v will be sent sea/surface mail; allow 3-4 months for delivery.

*Airmail service is restricted by availability or cost; airmail may not be offered to your country. You will be contacted if service cannot be provided.

Dues are nonrefundable, nontransferable. Dues include subscription to Materials Evaluation and The NDT Technician.

Research in Nondestructive Evaluation (RNDE®) Individual Subscription

RNDE® **is ASNT's quarterly research journal.**		With Airmail Service Included
Print Subscription - for current volume	O $55	O $129
Electronic Subscription - for current volume	O $55	
Print and Electronic Subscription - a savings of $35	O $75	O $149

All pricing subject to change.

Add a subscription to ASNT's quarterly research journal, *RNDE.*

Total Membership Amount $

Please enter total amount in membership box on page one and add to total.

Be sure to complete the questions on the next page.

Membership Profile

1. Year of Birth _____

2. Gender O Male O Female

3. Highest Education Level

- O Grades 1 - 12
- O High School Diploma
- O Some College
- O 2-Year Associate Degree
- O 4-Year Undergraduate Degree
- O Master's Degree
- O Doctorate Degree

4. Years of Experience in NDT

O1-5 O6-10 O11-15 O16-20 O21 & over

5. Number of people involved with NDT at your company

O1-5 O6-20 O21-50 O51-100 O over 100

6. Your Job Function - Choose the one that best describes your role. (select only one)

- O NDT Management
- O Quality Management
- O Engineer
- O Technician/Inspector
- O Consultant
- O Sales/Marketing
- O Researcher
- O Academic/Educator
- O Trainer/Instructor
- O Student

7. Purchasing Responsibility
(select all that apply)

I recommend/approve the purchase of:

- O Equipment/Instruments/Supplies
- O Training & Study Materials/Programs
- O Services
- O I am not involved in purchasing

8. With which NDT method(s) do you work?
(select all that apply)

- O Acoustic Emission
- O Alternating Current Field Measurement
- O Electromagnetic/Eddy Current
- O Ground Penetrating Radar
- O Infrared & Thermal
- O Laser
- O Leak
- O Liquid Penetrant
- O Magnetic Flux Leakage
- O Magnetic Particle
- O Neutron Radiography
- O Radiography
- O Ultrasonics
- O Vibration Analysis
- O Visual

9. Choose the one business segment that best describes your company. (select only one)

NDT Utilization Business

- O Aerospace/Aviation/Aircraft
- O Amusement Rides & Skiing
- O Automotive
- O Chemical & Petroleum
- O Construction
- O Commercial Labs
- O Infrastructure (Roads & Bridges)
- O Electronics
- O Marine
- O Medical
- O Nuclear
- O Optical
- O Ordnance
- O Pipeline
- O Pulp/Paper
- O Railroad
- O Semiconductor
- O Utilities

NDT Supplier Business

- O Consulting
- O Distributor/Manufacturer's
- O Representative
- O Equipment
- O Research
- O Robotics
- O Supplies
- O Training
- O Computer Software
- O Computer Hardware

10. Choose the primary type of NDT that you do.
(select only one)

- O Design and Failure Analysis
- O Field Inspection
- O Incoming Inspection
- O In-service, Plant/Operation Maintenance & Process Control
- O Product Life Extension
- O QA/QC Reliability
- O None of the above

11. Highest Level of NDT qualification
(select only one)

- O None
- O Level I
- O Level II
- O Level III
- O ASNT NDT Level III
- O ACCP Level II
- O ACCP Level III
- O IRRSP

For Questions Contact the Membership Department at:

Phone **614.274.6003** Toll Free **800.222.2768** **(US/Canada)**