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 ___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 due with application.

Application Fee (Choose One)	**New** (first time certifications)	$200	
	Add-On (to add a Sector or Technique to an existing ACCP Level II VT certification)	$100	
PE Sector Fee	**Optional (see page 2)**	$25	
International Mailing Surcharge	**Add for all Non-US Residents**	$40	
		Total	

Payment

Payment must accompany application

☐ Check ☐ Discover

☐ Money Order ☐ Visa

☐ Funds Transfer ☐ MasterCard

☐ American Express

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

☐ Personal Credit Card ☐ Company Credit Card

Card Holder's Name (please print) _____

Credit Card Billing Address _____

Card Number _____

Expiration Date _____ CIN Number* _____

Card Holder's Signature _____ Date _____

***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.

Pressure Equipment (PE) Sector 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.** Additional fees are required for the additional sector (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.

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

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 for the engagement listed 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.

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 to 20/20, 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.

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: _____

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**. Please use black or blue ink. Keep your entire signature within the box.** Both items are required for your wallet card.

Attach two (2) passport type photos here

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

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.