



ASNT Employer Based Certification Program Application

ASNT Identification Number

If you already have a company ASNT identification number, please enter it in this box.

Audit Method

The default audit method for Employer Based Certification (EBC) accreditations is through remote auditing. If a client prefers to have the compliance section of the audit conducted on-site, then ASNT can accommodate. There will be additional costs (travel related costs) involved for an on-site audit. For further details, please contact ebc@asnt.org.

If the client wishes to have the compliance audit conducted on-site (subject to additional costs), please indicate below:

Client to check box if requesting the compliance audit to be conducted on-site.

Client to check box acknowledging that additional fees will be charged for on-site audit.

Qualification Requirements

Employer Based Certification (EBC) applicants **must** satisfy the following eligibility criteria:

1. Have an EBC Program which contains a Written Practice written in accordance with SNT-TC1A or a Certification Procedure written in accordance with CP-189 **AND**,
2. Have implemented your EBC Program and can provide backup documentation for certification of personnel.

If you do not satisfy the above criteria, please do not apply. Applications received from ineligible applicants will be returned to the applicant in accordance with the Transfer/Cancellation/Refund Policy. It is your responsibility to determine your own eligibility.

Submittal Requirements

Employer Based Certification (EBC) applicants **must** submit the following:

1. The fully completed and signed Application including payment.
2. The Written Practice or Certification Procedure being audited.
3. Signed Auditee Agreement. [Click Here](#).
4. A full list of locations being accredited with address and contact information. **
5. A full list of NDT certified employees with location, certification level, method, and technique. **

** Only submit the locations which certify personnel to the written practice or certification procedure to be audited. Only submit NDT certified employees who are certified to the written practice or certification procedure to be audited.

Company Information – Remote Audit

NOTE: For a remote audit list the Corporate location. For an on-site audit, the compliance on-site audit will take place at the location that possesses the qualification and certification records. For a company with multiple locations, that would typically be identified as the Corporate location. If uncertain, please contact ebc@asnt.org for further guidance.

Company Name

Company Street Address

City	State/Province	ZIP/Postal Code
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Country	Business Phone:	Business Fax:
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Business Website Address

Company Primary Contact	E-mail Address	Phone Number (Include Country Code)
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Company Secondary Contact	E-mail Address	Phone Number (Include Country Code)
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Number of NDT Personnel Certified

If applying for multiple sites, please complete Appendix 1. If registering more sites, simply copy and paste additional location form or submit an attachment containing the information required in Appendix 1.

Scope of Registration

- | | |
|--|------------------------------|
| <input type="checkbox"/> Single Site (desktop audit plus 1-day compliance audit)
Only one location accredited.
≤150 certified technicians. | <u>\$2,875.00</u> |
| <input type="checkbox"/> Multi-Site 1 (desktop audit plus 1-day compliance audit)
Multi-Sites accredited.
≤150 certified technicians. | <u>\$2,875.00</u> |
| <input type="checkbox"/> Multi-Site 2 (desktop audit plus 2-day compliance audit)
Multi-Sites accredited.
151-500 certified technicians. | <u>\$3,725.00</u> |
| <input type="checkbox"/> Multi-Site Variable (desktop audit plus variable compliance audit)
Multi-Sites accredited.
>500 certified technicians.
*Variable audits will be reviewed on a case by case basis and a quote provided by ASNT. ASNT may take into account the number of locations, number of certifying Level III's, external accreditations and internal audit programs. | <u>Quoted by ASNT</u> |

Note: To be eligible for multi-site registrations, the company shall be able to provide readily available objective evidence of certification documentation for all certified individuals during a virtual audit or at a single location (on-site compliance audits). For more information on registration designations, contact ebc@asnt.org.

List below and include your Written Practice or Certification Procedure with this application.

SNT-TC-1A – Year(s) _____

Written Practice Name _____ Revision # _____ Date _____

CP-189 – Year(s) _____

Certification Procedure Name _____ Revision # _____ Date _____

Application Policy

All ASNT accreditation audits are required to be completed within one calendar year from the date on the original notice of approval sent to the applicant. Failure to schedule audits within that one-year period will result in forfeiture of all fees to ASNT.

For cancellation of the accreditation process prior to the written practice/certification procedure audit, the company is entitled to a full refund accreditation fees minus a \$150 administrative fee per application.

For cancellation of the accreditation process after the written practice/certification procedure audit but prior to the compliance audit, the company is entitled to a refund of 50% of the accreditation fees.

No refunds will be accepted after the compliance audit has been performed.

Rescheduling of the compliance audit within 30 days of the scheduled audit will result in a \$150 rescheduling fee.

All requests for cancellations must be submitted in writing via e-mail to ebc@asnt.org.

Statements, Release, and Signature

I hereby attest that all facts on this application are true and correct and no information which might be material and/or detrimental has been withheld. I agree to abide by the decision of ASNT relative to the granting of any approvals as applied for herein.

I have read the Auditee Agreement, and I agree that I can provide the requested certifications (e.g., regarding criminal conduct and fraud), make the required acknowledgments (e.g., regarding proprietary information, conflict of interest, code of ethics, safeguards and health and safety), and agree to the covenants and agreements (e.g., regarding cooperation, undertakings, use of Accreditation Certificate or Mark, Non-solicitation of ASNT Employees or Auditors, Indemnity, Limitation of Liability and Release) and will be willing and able to sign the Agreement as is, without changes, if requested.

In consideration for ASNT processing this application, the undersigned, having made application for approval for EBC Accreditation from ASNT, does hereby release and forever discharge and indemnify and hold harmless The American Society For Nondestructive Testing, an Ohio Corporation, and its affiliates and subsidiaries, from any and all liabilities, claims, demands, or causes of action whatsoever, which now exist or which may arise on account of the undersigned's application or activities as an EBC Accredited by ASNT.

The undersigned further acknowledges that this release is being given as a prerequisite for having filed application for consideration by ASNT or its affiliates.

The undersigned further represents that if not approved by ASNT, this release shall be binding on the

undersigned and The American Society for Nondestructive Testing, Inc., and its affiliates and subsidiaries, and any and all agents of ASNT in connection with such application 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 the company name, city, state, country, demographics, registration date, and expiration date in connection with this application and accreditation in the EBC Program.

Signature of Applicant

Print Name of Applicant

Date

Submit Application

Submit application and attachments to ASNT's Employer Based Certification Program to customersupport@asnt.org.



ASNT Employer Based Certification Program Application

Payment

Form of Payment - Please do not send credit card information by e-mail.

Total Audit Costs based on Scope of Registration: \$ _____

Type of Payment: AMEX MasterCard Visa Discover Check Funds Transfer

Personal

Business

Card Holder Information

Account Number

Expiration Date

CIN *

Signature

Name on Card-Please print

Street Address

State/Province

ZIP/Postal Code

Country

City

*CIN – Credit Card Identification Number. For Visa/MasterCard/Discover it is the three-digit value that is printed on the signature panel on the back of the cards immediately following the account number. For American Express it is the four-digit non-embossed number printed above your account number on the face of your card.

CODE OF ETHICS/CODE OF CONDUCT/CONFLICT OF INTEREST

1.0 SCOPE

- 1.1 This Code of Ethics states the principles and expectations governing the operation of Accredited Employers (Employers) in relation to NDT personnel certification.

2.0 APPLICABILITY AND ENFORCEMENT

- 2.1 This Code of Ethics applies to employers currently accredited through the ASNT Employer Based Certification Program*.
- 2.2 Breaches to the Code of Ethics will be evaluated and ruled on by the Employer Based Certification Audit Committee.
- 2.3 The fact that a particular conduct is not mentioned in the Code of Ethics / Code of Conduct does not prevent it from being unacceptable or discreditable, and therefore, the Accredited Employer can be subject to disciplinary action up to and including revocation of accreditation.

3.0 PRINCIPLES

- 3.1 Integrity – Employer shall engage in the application and certification process in good faith. Information provided shall be accurate and truthful prior to and throughout the accreditation process. Any Employer that fails to provide accurate and truthful information is subject to disciplinary measures as provided in section 2.2.
 - 3.1.1 Employer shall operate an employer-based certification program that meets the requirements of its governing documents through the accreditation period. Employers that willingly deviate from the accredited documents will be subject to corrective measures up to and including revocation of accreditation per section 2.
- 3.2 Impartiality – Employers shall exhibit the utmost level of impartiality in relation to certification of NDT personnel.
- 3.3 Confidentiality – Employers shall exhibit the utmost level of confidentiality in relation to information contained in employee certification files.
- 3.4 Competency – Employers shall competently manage an employer-based certification program.

4.0 CODE OF CONDUCT

4.1 Integrity

- 4.1.1 Shall perform NDT personnel certification with honesty, diligence, and responsibility.
- 4.1.2 Shall only accept training documentation as allowed by the Employers approved written practice or certification procedure.
- 4.1.3 Shall only accept hands on experience training documentation as allowed by the Employers approved written practice or certification procedure.
- 4.1.4 Shall only accept prior certification and examination documentation as allowed by the Employers approved written practice or certification procedure.
- 4.1.5 Shall not certify individuals not meeting the Employers approved written practice or certification procedure.
- 4.1.6 Shall not falsify any documentation related to the certification of NDT personnel.
- 4.1.7 Shall not knowingly be a party to any illegal activity or engage in acts that are discreditable to the profession of NDT or to ASNT.
- 4.1.8 Shall use the ASNT name and EBC logo only as allowed by ASNT.
- 4.1.9 Shall respect and contribute to the legitimate and ethical objectives of ASNT.

4.2 Impartiality

- 4.2.1 Employer shall not allow any outside influence to prevent them from performing NDT personnel certification activities in accordance with the approved written practice or certification procedure.
- 4.2.2 Employer shall not influence any employee to perform NDT personnel certification activities not in accordance with the approved written practice or certification procedure.
- 4.2.3 Employer shall not attempt to unduly influence an ASNT employee, auditor or committee member.
- 4.2.4 Employer shall not provide any gifts of monetary or any other value that could influence an ASNT employee, auditor or committee member.

4.3 Confidentiality

4.3.1 Employer shall be prudent in the use and protection of information acquired in the course of NDT personnel certification

4.4 Competency

4.4.1 Shall certify NDT personnel only in those services for which the necessary knowledge, skills and experience has been attained.

4.4.2 Shall maintain a high level of quality and integrity in relation to NDT personnel certification to not bring the ASNT name or brand into disrepute.

4.4.3 Shall continually strive to improve proficiency, effectiveness and quality of services.

5.0 CONFLICT OF INTEREST

5.1 A conflict of interest may be present between an Employer and an ASNT employee, auditor or committee member.

5.2 The employer is responsible for alerting ASNT of any possible conflicts of interest.

6.0 DECLARATION

6.1 I certify that I have read and agree to the ASNT Code of Ethics. I agree to disclose any current and future conflicts of interests and report them to ASNT EBC staff immediately.

Name (Officer of the Company)

Position

Company

Signature

Date

Appendix 1 – Multi Site Locations

(*Site information may be supplied in an alternate format provided all the below information is included.)

Location 1

Company Name

Street Address

City

State/Province

ZIP/Postal Code

Country

Representative Name

Telephone (Include Country Code)

Position

E-mail

Level III Certifier Name(s)

Same Quality Management System as Main Site?

Yes

No

Same Company Written Practice as Main Site?

Yes

No

Number of NDT Personnel Certified at this Location _____

Location 2

Company Name

Street Address

City

State/Province

ZIP/Postal Code

Country

Representative Name

Telephone (Include Country Code)

Position

E-mail

Level III Certifier Name(s)

Same Quality Management System as Main Site?

Yes

No

Same Company Written Practice as Main Site?

Yes

No

Number of NDT Personnel Certified at this Location _____

Location 3

Company Name

Street Address

City

State/Province

ZIP/Postal Code

Country

Representative Name

Telephone (Include Country Code)

Position

E-mail

Level III Certifier Name(s)

Same Quality Management System as Main Site?

Yes

No

Same Company Written Practice as Main Site?

Yes

No

Number of NDT Personnel Certified at this Location _____

Location 4

Company Name

Street Address

City

State/Province

ZIP/Postal Code

Country

Representative Name

Telephone (Include Country Code)

Position

E-mail

Level III Certifier Name(s)

Same Quality Management System as Main Site?

Yes

No

Same Company Written Practice as Main Site?

Yes

No

Number of NDT Personnel Certified at this Location _____