



ACCP Level II for AWS CWI/SCWI

Required Forms Instructions

1. Print Forms
2. Complete forms in dark blue or black ink.
3. Save each form in digital format. File names must be less than 64 characters.
4. Upload forms when instructed during the online application process.
5. Color Digital Photo (Headshot) is also required. Photo must be a passport or license-style headshot. Photos may be taken on devices such as a personal digital camera, cell phone or webcam. Preferred format is .jpg (.gif or .png also accepted)

You must complete the online application.

Do not mail, fax or email these documents to ASNT. Return to the website and complete the online application and upload these documents when instructed by the application process.

These forms are required. Failure to submit will delay the approval process or result in denial of approval.



Signature Form

Candidate Name _____ ASNT ID _____

ASNT must have a record of your signature on file.

- Please sign your name in the box below.
- Use black or dark blue ink only.
- Keep your signature completely within the lines or you will be required to submit another signature.
- Save this document electronically to be uploaded during the application process.



ACCP Level II for AWS CWI/SCWI Renewal Continued Active Employment

Use this form to document your continuing active employment during the current ACCP Level II VT certification cycle. 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.

Name _____

First, Middle, Last

Position # 1

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 methods used, the level of responsibility, and list specific Level II 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 II certification by ASNT. ASNT has my consent to make inquiries as necessary to verify my claimed occupational activities.

Signature

Date

Position #2

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 methods used, the level of responsibility, and list specific Level II 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 II certification by ASNT. ASNT has my consent to make inquiries as necessary to verify my claimed occupational activities.

Signature

Date

ACCP Level II for AWS CWI/SCWI Employment Documentation

Name _____

First, Middle, Last

Position # 3

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 methods used, the level of responsibility, and list specific Level II 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 II certification by ASNT. ASNT has my consent to make inquiries as necessary to verify my claimed occupational activities.

Signature

Date

Position #4

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 methods used, the level of responsibility, and list specific Level II 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 II certification by ASNT. ASNT has my consent to make inquiries as necessary to verify my claimed occupational activities.

Signature

Date

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