ASNT Central Certification Program
Level II Application

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

Contact Information

Primary Email Address:
You must provide your email address to apply for an ASNT certification. This must belong to you and cannot be a shared email address. It will be used for all ASNT communications and will be your user name for www.asnt.org.

Name – Print your name. Your name should match your identification.

<table>
<thead>
<tr>
<th>First (Given) Name</th>
<th>Middle (Additional) Name</th>
<th>Last Name (Family Name/Surname)</th>
<th>Suffix (Jr, Sr, II)</th>
</tr>
</thead>
</table>

Address – Print your mailing address. This address will be used for your certification materials.

| Address Type: | Home | Business |

Organization Name

Address

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
</table>

City State/Prov. ZIP/Postal Code Country

Additional Contact Information

| Primary Phone | Alternative Phone |

Alternate Email Address

Fees All fees are in US dollars.

<table>
<thead>
<tr>
<th>Examination Total</th>
<th>From page 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Option</td>
<td>Take advantage of member pricing now by completing the membership application on pages 7 and 8 and include the total here.</td>
</tr>
</tbody>
</table>

Total Due

Payment Applications will not be processed without payment

Credit Card

| Visa | MasterCard | Discover | American Express |

Check

| Checks must be in US dollars and drawn on a US bank. |

Funds Transfer

| Contact ASNT for wire instructions |

Name on Card

Card Number

Expiration Date CIN Number*

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.
Method or Discipline Selection

Please apply for the method or discipline that you are seeking certification. **Note:** This application is valid for initial certification and for recertification by examination. To renew without further examination, you must use the ASNT Level II Renewal Application.

*** IF RETAKING EXAMINATIONS, USE THE TABLE ON PAGE 3 ***

Schedule Exams

All exams will be computer based unless except the practical exams. After you have been approved paid all application and exam sitting fees, you will receive email notification and instructions to schedule you exam. Examination sitting fees are now collected with the application instead at the time of scheduling.

If you are currently certified in the method. You may request accommodations during testing for special needs by contacting ASNT.

Initial Certification Exam Packages

Each of the certification exam packages listed below include all three written examinations required for ACC Level II certification within that Method: the General, Specific, and Instruction Preparation examinations, and one or more of the Practical examinations required for the applicable test method.

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.

### US Candidate Fees

<table>
<thead>
<tr>
<th>Method (MT/PT/RT/UT/VT)</th>
<th>Sector (choose one)</th>
<th>Technique (choose all that apply)</th>
<th>Fees (includes sitting fees)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MT</strong></td>
<td></td>
<td></td>
<td>ASNT Members: $890 for one technique, or $1130 for all techniques</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-Members: $950 for one technique, or $1205 for both techniques</td>
</tr>
<tr>
<td><strong>PT</strong></td>
<td></td>
<td></td>
<td>ASNT Members: $890 for one technique, or $1130 for two techniques, $1370 for all</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-Members: $950 for one technique, or $1205 for two techniques, $1455 for all</td>
</tr>
<tr>
<td><strong>RT</strong></td>
<td></td>
<td></td>
<td>ASNT Members: $890 for Gamma or X-ray, or $1130 for the Combo (all include film interpretation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-Members: $950 for Gamma or X-ray, or $1205 for the Combo (all include film interpretation)</td>
</tr>
<tr>
<td><strong>UT</strong></td>
<td></td>
<td></td>
<td>ASNT Members: $890 for one technique, or $1130 for all techniques</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-Members: $950 for one technique, or $1205 for both techniques</td>
</tr>
<tr>
<td><strong>VT</strong></td>
<td></td>
<td></td>
<td>ASNT Members: $890 for one technique, or $1130 for all techniques</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-Members: $950 for one technique, or $1205 for both techniques</td>
</tr>
</tbody>
</table>

**NOTE:** Applicants seeking VT certification through an AWS CWI or SCWI certification must use the application for CWI certificate holders.

See page 3 for international candidate fees
# International Candidate Fees

<table>
<thead>
<tr>
<th>Sector (choose one)</th>
<th>Technique (choose all that apply)</th>
<th>Fees (includes sitting fees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MT</td>
<td>[ ] General Industry [ ] Pressure Equipment [ ] Bench [ ] Yoke</td>
<td>ASNT Members: $1050 for one technique, or $1330 for all techniques Non- Members: $1110 for one technique, or $1405 for both techniques</td>
</tr>
<tr>
<td>PT</td>
<td>[ ] Post-emulsifiable [ ] Solvent-removable [ ] Water-washable</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>[ ] General Industry [ ] Pressure Equipment</td>
<td>ASNT Members: $1050 for one technique, or $1330 for two techniques, $1610 for all Non- Members: $1110 for one technique, or $1405 for two techniques, $1695 for all</td>
</tr>
<tr>
<td>RT</td>
<td>[ ] Gamma (RAM) [ ] X-ray [ ] Combo (covers both)</td>
<td>ASNT Members: $1050 for Gamma or X-ray, or $1330 for the Combo (all include film interpretation) Non- Members: $1110 for Gamma or X-ray, or $1405 for the Combo (all include film interpretation)</td>
</tr>
<tr>
<td>UT</td>
<td>[ ] Str. &amp; angle beam (welds) [ ] Str. &amp; angle beam (castings/forgings)</td>
<td>$</td>
</tr>
<tr>
<td>VT</td>
<td>[ ] Direct [ ] Remote</td>
<td>ASNT Members: $1050 for one technique, or $1330 for all techniques Non- Members: $1110 for one technique, or $1405 for both techniques</td>
</tr>
</tbody>
</table>

**NOTE:** Applicants seeking VT certification through an AWS CWI or SCWI certification must use the application for CWI certificate holders.

**See page 2 for US candidate fees**
Retake / Add-On Exams

*First time applicants should choose one or more exam packages from the tables on page 2.*

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.

### US Candidate Fees

<table>
<thead>
<tr>
<th>Fee Category</th>
<th>Fee Subcategory</th>
<th>ASNT Member Fee</th>
<th>Non-Member Fee</th>
<th>Exam Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnetic Particle Testing (MT)</td>
<td>Method</td>
<td>$290</td>
<td>$335</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sector - GI or PE</td>
<td>$290</td>
<td>$335</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Instruction Preparation</td>
<td>$280</td>
<td>$325</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bench</td>
<td>$360</td>
<td>$435</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yoke</td>
<td>$360</td>
<td>$435</td>
<td></td>
</tr>
<tr>
<td>Liquid Penetrant Testing (PT)</td>
<td>Method</td>
<td>$290</td>
<td>$335</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sector - GI or PE</td>
<td>$290</td>
<td>$335</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Instruction Preparation</td>
<td>$280</td>
<td>$325</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post-emulsifiable</td>
<td>$360</td>
<td>$435</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Solvent-Removable</td>
<td>$360</td>
<td>$435</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Water-Washable</td>
<td>$360</td>
<td>$435</td>
<td></td>
</tr>
<tr>
<td>Radiographic Testing (RT)</td>
<td>Method</td>
<td>$290</td>
<td>$335</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sector - GI or PE</td>
<td>$290</td>
<td>$335</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Instruction Preparation</td>
<td>$280</td>
<td>$325</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gamma</td>
<td>$360</td>
<td>$435</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X-Ray</td>
<td>$360</td>
<td>$435</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Combo</td>
<td>$360</td>
<td>$435</td>
<td></td>
</tr>
<tr>
<td>Ultrasonic Testing (UT)</td>
<td>Method</td>
<td>$290</td>
<td>$335</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sector - GI or PE</td>
<td>$290</td>
<td>$335</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Instruction Preparation</td>
<td>$280</td>
<td>$325</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Welds</td>
<td>$360</td>
<td>$435</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Castings/Forgings</td>
<td>$360</td>
<td>$435</td>
<td></td>
</tr>
<tr>
<td>Visual Testing (VT)</td>
<td>Method</td>
<td>$290</td>
<td>$335</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sector - GI or PE</td>
<td>$290</td>
<td>$335</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Instruction Preparation</td>
<td>$280</td>
<td>$325</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Direct</td>
<td>$360</td>
<td>$435</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Remote</td>
<td>$360</td>
<td>$435</td>
<td></td>
</tr>
</tbody>
</table>

**Total**

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

See page 5 for international candidate fees
### International Candidate Fees

<table>
<thead>
<tr>
<th>Fee Category</th>
<th>Fee Subcategory</th>
<th>Fees</th>
<th>Exam Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>ASNT Member Fee</td>
<td>Non-Member Fee</td>
</tr>
<tr>
<td>Magnetic Particle Testing (MT)</td>
<td>Method</td>
<td>$330</td>
<td>$375</td>
</tr>
<tr>
<td></td>
<td>Sector - GI or PE</td>
<td>$330</td>
<td>$375</td>
</tr>
<tr>
<td></td>
<td>Instruction Preparation</td>
<td>$320</td>
<td>$365</td>
</tr>
<tr>
<td></td>
<td>Bench</td>
<td>$400</td>
<td>$475</td>
</tr>
<tr>
<td></td>
<td>Yoke</td>
<td>$400</td>
<td>$475</td>
</tr>
<tr>
<td>Liquid Penetrant Testing (PT)</td>
<td>Method</td>
<td>$330</td>
<td>$375</td>
</tr>
<tr>
<td></td>
<td>Sector - GI or PE</td>
<td>$330</td>
<td>$375</td>
</tr>
<tr>
<td></td>
<td>Instruction Preparation</td>
<td>$320</td>
<td>$365</td>
</tr>
<tr>
<td></td>
<td>Post-emulsifiable</td>
<td>$400</td>
<td>$475</td>
</tr>
<tr>
<td></td>
<td>Solvent-Removable</td>
<td>$400</td>
<td>$475</td>
</tr>
<tr>
<td></td>
<td>Water-Washable</td>
<td>$400</td>
<td>$475</td>
</tr>
<tr>
<td>Radiographic Testing (RT)</td>
<td>Method</td>
<td>$330</td>
<td>$375</td>
</tr>
<tr>
<td></td>
<td>Sector - GI or PE</td>
<td>$330</td>
<td>$375</td>
</tr>
<tr>
<td></td>
<td>Instruction Preparation</td>
<td>$320</td>
<td>$365</td>
</tr>
<tr>
<td></td>
<td>Gamma</td>
<td>$400</td>
<td>$475</td>
</tr>
<tr>
<td></td>
<td>X-Ray</td>
<td>$400</td>
<td>$475</td>
</tr>
<tr>
<td></td>
<td>Combo</td>
<td>$400</td>
<td>$475</td>
</tr>
<tr>
<td>Ultrasonic Testing (UT)</td>
<td>Method</td>
<td>$330</td>
<td>$375</td>
</tr>
<tr>
<td></td>
<td>Sector - GI or PE</td>
<td>$330</td>
<td>$375</td>
</tr>
<tr>
<td></td>
<td>Instruction Preparation</td>
<td>$320</td>
<td>$365</td>
</tr>
<tr>
<td></td>
<td>Welds</td>
<td>$400</td>
<td>$400</td>
</tr>
<tr>
<td></td>
<td>Castings/Forgings</td>
<td>$400</td>
<td>$400</td>
</tr>
<tr>
<td>Visual Testing (VT)</td>
<td>Method</td>
<td>$330</td>
<td>$375</td>
</tr>
<tr>
<td></td>
<td>Sector - GI or PE</td>
<td>$330</td>
<td>$375</td>
</tr>
<tr>
<td></td>
<td>Instruction Preparation</td>
<td>$320</td>
<td>$365</td>
</tr>
<tr>
<td></td>
<td>Direct</td>
<td>$400</td>
<td>$475</td>
</tr>
<tr>
<td></td>
<td>Remote</td>
<td>$400</td>
<td>$475</td>
</tr>
</tbody>
</table>

*Total*

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

See page 4 for US candidate fees
Wallet Card Signature
In the event that you are meet all certification requirements, ASNT will issue you a wallet card including your certification and expiration date, photograph, and signature. Your signature on this page will be used for your wallet card.

Please sign your name in the box below.
Use black or blue ink only.
Keep your signature completely within the lines or you will be required to submit another signature.

Photos
Attach two (2) headshot photos here or email certifications@asnt.org digital photos with your name and ASNT id.

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.

<table>
<thead>
<tr>
<th>Training</th>
<th>MT</th>
<th>PT</th>
<th>RT</th>
<th>UT</th>
<th>VT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours Required</td>
<td>40</td>
<td>40</td>
<td>120</td>
<td>120</td>
<td>24</td>
</tr>
<tr>
<td>Hours Claimed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

**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.

<table>
<thead>
<tr>
<th>Experience</th>
<th>MT</th>
<th>PT</th>
<th>RT</th>
<th>UT</th>
<th>VT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hours Required</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Hours in Method</td>
<td>265</td>
<td>200</td>
<td>800</td>
<td>800</td>
<td>200</td>
</tr>
<tr>
<td>Total Hours in NDT</td>
<td>530</td>
<td>400</td>
<td>1600</td>
<td>1600</td>
<td>400</td>
</tr>
</tbody>
</table>

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 Documentation**

Use the next pages to document the individual positions in which experience was obtained. 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.

***Vision examinations are the responsibility of the employer.***
ACCP Level II Experience Documentation

Name
First, Middle, Last

Position # 1
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
Complete the form for as many positions as are needed to document your required experience.

Name
First, Middle, Last

Position # 2

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

ACCP Level II Experience Documentation
Complete the form for as many positions as are needed to document your required experience.

**Name**
First, Middle, Last

**Position # 3**
Dates of Employment:

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Total Time (Months)</th>
</tr>
</thead>
</table>

**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

ACCP Level II Experience Documentation
Complete the form for as many positions as are needed to document your required experience.

Name
__________________________________________________________

ASNT ID

Position # 4

Dates of Employment:

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Total Time (Months)</th>
</tr>
</thead>
</table>

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.

_________________________________________ Date
Employer/Agent/Customer Signature

_________________________________________ ASNT ID (if applicable)
Employer/Agent/Customer Name (print)

Title

ACCP Level II Experience Documentation

Complete the form for as many positions as are needed to document your required experience.
Position # 5

Dates of Employment:

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Total Time (Months)</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>MT</th>
<th>PT</th>
<th>RT</th>
<th>UT</th>
<th>VT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours</td>
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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
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. Failure to take examinations within that one-year period will result in forfeiture of all fees to ASNT.

For computer based testing exams, exams can be rescheduled and cancelled 48 hours prior to the appointment without any additional fees. If you cancel within 48 hours, then the sitting fee portion of your fees plus a $75 administrative fee per exam will apply.

For Practical exams, 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 Exam sitting fees will be refunded.

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. Membership Fees are non-refundable and non-transferable.

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 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
Columbus, OH 43228-0518

or apply online at

Start your application here

Make checks payable to ASNT.
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. Sanctions may include suspension or revocation as determined by ASNT.
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

Membership Options

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

Renewal Member

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<thead>
<tr>
<th>Dues</th>
<th>*Dues with Airmail Service included</th>
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<tbody>
<tr>
<td>One-Year</td>
<td>O $65 O $113</td>
</tr>
<tr>
<td>Two-Year</td>
<td>O $125 O $209</td>
</tr>
<tr>
<td>Three-Year</td>
<td>O $180 O $294</td>
</tr>
<tr>
<td>Five-Year</td>
<td>O $290 O $465</td>
</tr>
<tr>
<td>Student, One-Year</td>
<td></td>
</tr>
<tr>
<td>Must submit transcript or letter or enrollment</td>
<td>O $15 O $63</td>
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<tr>
<td>Military Rank E-5 or lower</td>
<td>O $30 O $78</td>
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*New Member Dues

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<th>*Dues with Airmail Service included</th>
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<tr>
<td>O $75 O $123</td>
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<td>O $135 O $219</td>
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<tr>
<td>O $190 O $304</td>
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<tr>
<td>O $300 O $475</td>
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<tr>
<td>O $15 O $63</td>
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<tr>
<td>O $30 O $78</td>
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</tbody>
</table>

Dues include subscriptions to Materials Evaluation and The NDT Technician.

For members outside North America: Unless airmail is specified, all materials 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.

Research in Nondestructive Evaluation (RNDE®) Individual Subscription

RNDE® is ASNT’s quarterly research journal.

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.

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
   0 5 - 10  O 11-15  O 16-20  O 21 & over

5. Number of people involved with NDT at your company
   0 1-5  O 6-20  O 21-50  O 51-100  O over 100

6. Your Job Function - Choose the one that best describes your role. (select only one)
   O NDT Management  O Sales/Marketing
   O Quality Management  O Researcher
   O Engineer  O Academic/Educator
   O Technician/Inspector  O Trainer/Instructor
   O Consultant  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

9. Choose the one business segment that best describes your company. (select only one)
   NDT Utilization Business
   O Aerospace/Aviation/Aircraft  O Medical
   O Amusement Rides & Skiing  O Nuclear
   O Automotive  O Optical
   O Chemical & Petroleum  O Ordnance
   O Construction  O Pipeline
   O Commercial Labs  O Pulp/Paper
   O Infrastructure (Roads & Bridges)  O Railroad
   O Electronics  O Semiconductor
   O Marine  O Utilities

   NDT Supplier Business
   O Consulting  O Robotics
   O Distributor/Manufacturer's
   O Representative  O Supplies
   O Equipment  O Training
   O Research  O Computer Software
   O QA/QC Reliability  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 ASNT NDT Level III
    O Level I  O ASNT NDT Level II
    O Level II  O ACCP Level III
    O Level III  O ACCP Level II
    O IRRSP

    O Magnetic Flux Leakage
    O Magnetic Particle
    O Neutron Radiography
    O Radiography
    O Ultrasonics
    O Vibration Analysis
    O Visual

For Questions Contact the Membership Department at:
Phone 614.274.6003  Toll Free 800.222.2768 (US/Canada)