ASNT Central Certification Program
Level III Certification 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.

First (Given) Name ____________  Middle (Additional) Name ____________  Last Name (Family Name/Surname) ____________  Suffix (Jr, Sr, II) ________

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

Address Type:  Home [ ] Business [ ]

Organization Name ____________________________

Address __________________________________

Address __________________________________

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>
<th>Membership Option</th>
<th>Take advantage of member pricing now by completing the membership application on pages 8 and 9 and include the total here.</th>
</tr>
</thead>
</table>

Total Due ____________________________

Industrial Sector Requested:  [ ] GI  [ ] PE  [ ] Both  (If selecting PE, see the PE experience requirement on page 4)

Payment - Applications will not be processed without payment

Credit Card  Check  Funds Transfer


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. All exams will be computer based 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. All examinations are conducted in the English language. You may request accommodations for special needs by contacting ASNT.

### Basic Examination
You do not need to take the Basic exam if you hold current ASNT NDT Level III or ACCP Level III certification.

<table>
<thead>
<tr>
<th>Examination</th>
<th>Initial ASNT Member Fee</th>
<th>Non-Member Fee</th>
<th>Initial ASNT Member Fee</th>
<th>Non-Member Fee</th>
<th>Retake of Failed Exam ASNT Member Fee</th>
<th>Non-Member Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>NDT Basic Exam</td>
<td>$450</td>
<td>$525</td>
<td>$385</td>
<td>$460</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total for Basic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Method Examinations
You do not need to take the Method exam if you hold current ASNT NDT Level III certification in that method.

<table>
<thead>
<tr>
<th>Examination</th>
<th>Initial ASNT Member Fee</th>
<th>Non-Member Fee</th>
<th>Initial ASNT Member Fee</th>
<th>Non-Member Fee</th>
<th>Retake of Failed Exam ASNT Member Fee</th>
<th>Non-Member Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnetic Particle Testing (MT)</td>
<td>$430</td>
<td>$505</td>
<td>$365</td>
<td>$440</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquid Penetrant Testing (PT)</td>
<td>$430</td>
<td>$505</td>
<td>$365</td>
<td>$440</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiographic Testing (RT)</td>
<td>$450</td>
<td>$525</td>
<td>$385</td>
<td>$460</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultrasonic Testing (UT)</td>
<td>$450</td>
<td>$525</td>
<td>$385</td>
<td>$460</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Testing (VT)</td>
<td>$430</td>
<td>$505</td>
<td>$365</td>
<td>$440</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total for Methods</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Procedure Preparation Examinations

<table>
<thead>
<tr>
<th>Examination</th>
<th>Initial ASNT Member Fee</th>
<th>Non-Member Fee</th>
<th>Initial ASNT Member Fee</th>
<th>Non-Member Fee</th>
<th>Retake of Failed Exam ASNT Member Fee</th>
<th>Non-Member Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnetic Particle Testing (MT)</td>
<td>$410</td>
<td>$485</td>
<td>$410</td>
<td>$485</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquid Penetrant Testing (PT)</td>
<td>$410</td>
<td>$485</td>
<td>$410</td>
<td>$485</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiographic Testing (RT)</td>
<td>$410</td>
<td>$485</td>
<td>$410</td>
<td>$485</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultrasonic Testing (UT)</td>
<td>$410</td>
<td>$485</td>
<td>$410</td>
<td>$485</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Testing (VT)</td>
<td>$410</td>
<td>$485</td>
<td>$410</td>
<td>$485</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total for Procedure Preparations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Practical Examinations
Practical exams may only be taken at AECs. ACCP Professional Level III certification requires passing all techniques within a method. Choose one or more practical exams from Individual Techniques below if you already have credit for a technique through ACCP Level II certification or by already having passed it. Example: If you hold a current ACCP Level II certification in MT Yoke, you only need to take MT Bench to satisfy the Practical exam requirements of ACCP Professional Level III in MT. Or if you previously attempted the Level III Practical and passed Yoke but failed Bench, you only need to retake the MT Bench Practical exam. Individual technique retakes are not available for RT.

<table>
<thead>
<tr>
<th>Initial ASNT Members</th>
<th>*Nonmembers</th>
<th>Retake of Failed exams</th>
</tr>
</thead>
<tbody>
<tr>
<td>MT</td>
<td>$645</td>
<td>$720.00</td>
</tr>
<tr>
<td>PT</td>
<td>$885</td>
<td>$960.00</td>
</tr>
<tr>
<td>RT</td>
<td>$645</td>
<td>$720.00</td>
</tr>
<tr>
<td>UT</td>
<td>$645</td>
<td>$720.00</td>
</tr>
<tr>
<td>VT</td>
<td>$645</td>
<td>$720.00</td>
</tr>
</tbody>
</table>

### Retake of Failed Exams

- **$360 for ASNT Members**
- **Nonmembers $435**

<table>
<thead>
<tr>
<th>Retake of Failed exams</th>
<th><strong>Total Per Method</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yoke</td>
<td>Bench</td>
</tr>
<tr>
<td>Solvent Removable</td>
<td>Post-Emulsifiable</td>
</tr>
<tr>
<td>Gamma</td>
<td>X-ray</td>
</tr>
<tr>
<td>Welds</td>
<td>Castings/Forgings</td>
</tr>
<tr>
<td>Direct</td>
<td>Remote</td>
</tr>
</tbody>
</table>

### Total Fees

*You may take advantage of ASNT Member pricing now by becoming an ASNT member or renewing your membership with this application.*
Photos and Signature
Attach 2 photos passport-type (2 x 2 inches) 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 dark blue ink. Keep your entire signature within the box.

Attach two (2) Passport style photos here

Signature Box

Training Requirements

<table>
<thead>
<tr>
<th>Method</th>
<th>Minimum Training Requirement (Hours)</th>
<th>Your Training Summary (Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Level I</td>
<td>Level II</td>
</tr>
<tr>
<td>MT</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>PT</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>RT</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>UT</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>VT</td>
<td>8</td>
<td>16</td>
</tr>
</tbody>
</table>

Enter your number of training hours for the method for which you are applying.
You must submit documentation for the minimum amount of training required. Acceptable documents are: 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.
Education and Experience Requirements
Use this table to find the minimum experience required for the ASNT Central Certification Professional Level III certification. Experience shall be as an NDT Level II certified under an employer program or third party program or experience in nondestructive testing in an assignment comparable to that of an NDT Level II in the applicable test method(s), as defined in ASNT’s Recommended Practice No. SNT-TC-1A, latest edition.

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Minimum Experience Requirement (Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduated from a minimum four-year college or university curriculum with a</td>
<td>12</td>
</tr>
<tr>
<td>degree in engineering or a physical science</td>
<td></td>
</tr>
<tr>
<td>Completed with passing grades at least two full academic school years of</td>
<td>24</td>
</tr>
<tr>
<td>engineering or physical science study at a university, college, or technical</td>
<td></td>
</tr>
<tr>
<td>school</td>
<td></td>
</tr>
<tr>
<td>No post-secondary education</td>
<td>48</td>
</tr>
</tbody>
</table>

Education
You must attach documentation for education if you are using post-secondary education to meet the Education and Experience Requirements. Copies of diplomas or transcripts are acceptable. All documentation must be in English or accompanied by an English translation.

Highest Level of Educational Achievement
List the name and address of the institution where your highest level of education was obtained as it relates to your ASNT Certification.

☐ High School Diploma
☐ 2 or more years of College in Engineering or Science
☐ 2-year Technical/College Degree
☐ 4-year College Degree

Table:
- Institution: ______________________
- Address: ______________________
- Major: ______________________
- Course of Study: ______________________
- Degree: ______________________

Checklist:
☐ High School Diploma
☐ 2 or more years of College in Engineering or Science
☐ 2-year Technical/College Degree
☐ 4-year College Degree
ACCP Level III Required Experience

List all positions in order by most recent (including present employer). You must supply documentary evidence of Level II or equivalent experience to meet the minimum experience requirements in the method(s) for which you are applying. The Statement Option form at the bottom of this page is acceptable as documentary evidence of work experience.

If Statement Option below is not completed by employer/customer, you will need to submit other documentation supporting your work experience. Acceptable (other) documentation can include: inspection log books, inspection reports, 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. All documentation must be in English or accompanied by an English translation.

For Pressure Equipment (PE) Sector certification, the signed statements noted above must document a minimum of three years of experience performing pressure-related work for each applicable test method.

### Name
First, Middle, Last

### Position # 1

<table>
<thead>
<tr>
<th></th>
<th>Dates of Employment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Start Date</td>
<td>End Date</td>
</tr>
</tbody>
</table>

Organization Name

Employer/Customer Contact Name

Organization Address

City

State/Prov.

ZIP/Postal Code

Country

Phone

Fax

Email

Check experience (months performing work with Level II qualifications) by method as related to above employer.

<table>
<thead>
<tr>
<th>MT</th>
<th>PT</th>
<th>RT</th>
<th>UT</th>
<th>VT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Months</td>
<td>Months</td>
<td>Months</td>
<td>Months</td>
<td>Months</td>
</tr>
</tbody>
</table>

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 for supporting verification- 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)

Employer Contact Number or Email Address

Title / Position

ASNT ID # (if applicable)
Complete the form for as many positions as are needed to document your required experience.

Name
__________________________________________  _________________________
First, Middle, Last                        ASNT ID

Position # 2

Dates of Employment
Start Date  End Date  Total Time (Months)

Organization Name

Employer/Customer Contact Name

Organization Address

City
StateProv.
ZIP/Postal Code
Country

Phone
Fax
Email

Check experience (months performing work with Level II qualifications) by method as related to above employer.

MT  PT  RT  UT  VT

Months  ______  Months  ______  Months  ______  Months

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)

Employer Contact Number or Email Address

Title / Position

ASNT ID # (if applicable)
Complete the form for as many positions as are needed to document your required experience.

Name
First, Middle, Last

Position # 3

Dates of Employment
Start Date
End Date
Total Time (Months)

Organization Name

Employer/Customer Contact Name

Organization Address
City
State/Prov.
ZIP/Postal Code
Country
Phone
Fax
Email

Check experience (months performing work with Level II qualifications) by method as related to above employer.

MT
PT
RT
UT
VT

Months
Months
Months
Months

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)

Employer Contact Number or Email Address

Title / Position

ASNT ID # (if applicable)
Complete the form for as many positions as are needed to document your required experience.

**Name**

First, Middle, Last

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**

**Employer/Customer Contact Name**

**Organization Address**

City

State/Prov.

ZIP/Postal Code

Country

Phone

Fax

Email

Check experience (months performing work with Level II qualifications) by method as related to above employer.

MT [ ] PT [ ] RT [ ] UT [ ] VT [ ]

Months _______Months _______Months _______Months _______Months _______

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)**

**Employer Contact Number or Email Address**

**Title / Position**

**ASNT ID # (if applicable)**
Complete the form for as many positions as are needed to document your required experience.

**Position # 5**

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

**Organization Name**

**Employer/Customer Contact Name**

**Organization Address**

City

State/Prov.

ZIP/Postal Code

Country

Phone

Fax

Email

Check experience (months performing work with Level II qualifications) by method as related to above employer.

<table>
<thead>
<tr>
<th>MT</th>
<th>PT</th>
<th>RT</th>
<th>UT</th>
<th>VT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Months</td>
<td>Months</td>
<td>Months</td>
<td>Months</td>
<td>Months</td>
</tr>
</tbody>
</table>

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)

Employer Contact Number or Email Address

Title / Position

ASNT ID # (if applicable)
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 Level III 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 III 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 III certified by ASNT.

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

Upon certification I agree to comply with the relevant provisions of the certification scheme, to make claims regarding certification only with respect to the scope for which certification is granted, not to use the certification in such a manner as to bring ASNT into disrepute, and not to make any statement regarding the certification which ASNT may consider misleading or unauthorized, to discontinue the use of all claims to certification that contains any reference to ASNT or ASNT certification upon suspension or withdrawal of certification, and to return any certificates issued by ASNT, and not to use the certificate in a misleading manner.

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 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

**Online:** Submit your documentation and fees securely on ASNT’s website 

**Fax or Email:** if paying by credit card, you may fax this application, attachments, and fees to ASNT at: 614-274-6899 or email to shopasnt@asnt.org.

**Mail:** ASNT
1711 Arlingate Lane
Columbus, OH
43228-0518 US

Make checks payable to ASNT

Please do not submit your application more than once.

Start Your Application Process Here
1. Preamble

1.1. In order to safeguard the life, health, property, and welfare of the public, to maintain integrity and high standards of skills and practices in the profession of nondestructive testing, the following rules of professional conduct shall be binding upon every person issued a certificate by ASNT as a Level III.

1.1.1. The Level III who holds a certificate is charged with having knowledge of the existence of the reasonable rules and regulations hereinafter provided for his/her conduct as ASNT Level III, and also shall be familiar with their provisions and understand them. Such knowledge shall encompass the understanding that the practice of nondestructive testing under this certification is a privilege, as opposed to a right, and the Level III shall be forthright and candid in statements or written responses to the Ethics Committee of the Certification Management Board.

1.1.2. The “Level III” as referred to herein is that individual who has been issued a certificate by the American Society for Nondestructive Testing, Inc. pursuant to its heretofore published requirements, rules, and procedures for such certification. This Code of Ethics is binding upon all individuals so certified.

2. Integrity

2.1. The Level III is obligated to act with complete integrity in professional matters for each client or employer as a faithful agent or trustee; shall be honest and impartial; and shall serve the public, clients, and employer with devotion;

2.2. The Level III shall make claims regarding certification only with respect to the scope for which certification has been granted; and

2.3. The Level III shall not to use their certification in a misleading manner or in such a manner as to bring ASNT into disrepute, nor to make any statement regarding the certification which ASNT may consider misleading or unauthorized.

3. Responsibility to the Public

The Level III shall:

3.1. Protect the safety, health, and welfare of the public in the performance of professional duties. Should the case arise where the Level III faces a situation where the safety, health, and welfare of the public are not protected; he/she shall:

3.1.1. Apprise the proper authority if it is evident that the safety, health, and welfare of the public are not being protected; and

3.1.2. Refuse to accept responsibility for the design, report, or statement involved; and

3.1.3. If necessary, sever relationship with the employer or client; and

3.1.4. Undertake to perform assignments only when qualified by training and experience in the specific technical fields involved. In the event a question arises as to the competence of an Level III to perform an assignment in a field of specific discipline which cannot be otherwise resolved to the Ethics Committee’s satisfaction, the Ethics Committee, either upon request of the Level III, or by its own volition, may require him/her to submit to an appropriate inquiry by or on behalf of the Ethics Committee; and

3.1.5. Be completely objective in any professional report, statement, or testimony, avoiding any omission which would, or reasonably could, lead to fallacious inference, finding, or misrepresentation; and

3.1.6. Express an opinion as a technical witness before any court, commission, or other tribunal, only when such opinion is founded upon adequate knowledge of the facts in issue, upon a background of technical competence in the subject matter, and upon an honest conviction of the accuracy or propriety of the testimony.

4. Public Statements

4.1. The Level III will issue no statements, criticisms, or arguments on nondestructive testing matters connected with public policy which are inspired or paid for by an interested party, or parties, unless he/she has preface the remark(s) by explicitly identifying himself/herself, by disclosing the identity of the party, on whose behalf he/she is speaking, and by revealing the existence of any pecuniary interest he/she may have in these matters.

4.2. The Level III will publicly express no opinion on a nondestructive testing matter unless it is founded upon adequate knowledge of the facts in issue, upon a background of technical competence in the subject matter, and upon honest conviction of the accuracy and propriety of the testimony.

5. Conflict of Interest

5.1. The Level III shall conscientiously avoid conflict of interest with the employer or client, but when unavoidable, shall forthwith disclose the circumstances to the employer or client.

5.2. The Level III shall promptly inform the client or employer of any business associations, interests, or circumstances which could influence his/her judgment or the quality of services to the client or employer.

5.3. The Level III shall not accept compensation, financial or otherwise, from more than one party for services on the same project, or for services pertaining to the same project, unless the circumstances are fully disclosed to, and agreed to, by all interested parties or their duly authorized agents.

5.4. The Level III shall not solicit or accept financial or other valuable consideration from material or equipment suppliers for specifying their products.

5.5. The Level III shall not solicit or accept gratuities, directly or indirectly, from contractors, their agents, or other parties dealing with the client or employer in connection with work for which he/she is responsible.

5.6. As an elected, retained, or employed public official, the Level III (in the capacity as a public official) shall not review or approve work that was performed by himself/herself, or under his/her direction, on behalf of another employer or client.

6. Solicitation of Employment

6.1. The Level III shall not pay, solicit, nor offer, directly or indirectly, any bribe or commission for professional employment with the exception of payment of the usual commission for securing salaried positions through licensed employment agencies.

6.2. The Level III shall seek professional employment on the basis of qualification and competence for proper accomplishment of work.

6.3. The Level III shall not falsify or permit misrepresentation of his/her, or his/her associates’, academic or professional qualification. He/she shall not misrepresent or exaggerate the degree of responsibility or for the subject matter of prior assignments.

6.4. Brochures or other presentations incidental to the solicitation of employment shall not misrepresent pertinent facts concerning employers, employees, associates, joint ventures, or past accomplishments with the intent and purpose of enhancing qualifications and work.

7. Improper Conduct

7.1. The Level III shall not sign documents for work for which he/she does not have personal professional knowledge and direct technical supervisory control and responsibility.

7.2. The Level III shall not knowingly associate with, or permit the use of, his/her name or firm name in a business venture by any person or firm which he/she knows, or has reason to believe is engaging in business or professional practices of a fraudulent or dishonest nature.

8. Unauthorized Practice

8.1. Any violation of this code shall be deemed to be an unauthorized practice and upon proper complaint, investigation, due process hearing and ruling of the Ethics Committee of the ASNT Certification Management Council in accordance with procedures heretofore established and published, sanctions may be applied to the individual(s) in violation.

8.2. If the applied sanction is suspension or revocation of certification, the certificate holder agrees to discontinue all claims of ASNT certification and must return all certificates and wallet cards issued by ASNT.

9. Rulings of Other Jurisdictions

Conviction of an NDT-related felony while ASNT certification is valid or the revocation or suspension of a Professional Engineer’s License by another jurisdiction or similar rulings by other professional associations may be grounds for a charge of violation of this Code.
### Membership Profile

1. **Year of Birth**
   
2. **Gender**  
   - Male  
   - Female

3. **Highest Education Level**  
   - Grades 1 - 12  
   - High School Diploma  
   - Some College  
   - 2-Year Associate Degree  
   - 4-Year Undergraduate Degree  
   - Master's Degree  
   - Doctorate Degree

4. **Years of Experience in NDT**  
   - 01-5  
   - 06-10  
   - 011-15  
   - 016-20  
   - 021 & over

5. **Number of people involved with NDT at your company**  
   - 01-5  
   - 06-20  
   - 021-50  
   - 051-100  
   - Over 100

6. **Your Job Function - Choose the one that best describes your role.**  
   - NDT Management  
   - Quality Management  
   - Engineer  
   - Technician/Inspector  
   - Consultant  
   - NDE Management  
   - Sales/Marketing  
   - Researcher  
   - Academic/Educator  
   - Trainer/Instructor  
   - Student

7. **Purchasing Responsibility**  
   - Equipment/Instruments/Supplies  
   - Training & Study Materials/Programs  
   - Services  
   - I am not involved in purchasing

8. **With which NDT method(s) do you work?**  
   - Acoustic Emission  
   - Alternating Current Field Measurement  
   - Electromagnetic/Eddy Current  
   - Ground Penetrating Radar  
   - Infrared & Thermal  
   - Laser  
   - Leak  
   - Liquid Penetrant

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

   - NDT Supplier Business  
     - Consulting  
     - Distributor/Manufacturer’s  
     - Representative  
     - Equipment  
     - Research  
     - Consulting  
     - Supplies  
     - Training  
     - Computer Software  
     - Computer Hardware

10. **Choose the primary type of NDT that you do.**  (select only one)  
    - Design and Failure Analysis  
    - Field Inspection  
    - Incoming Inspection  
    - In-service, Plant/Operation Maintenance & Process Control  
    - Product Life Extension  
    - QA/QC Reliability  
    - None of the above

11. **Highest Level of NDT Qualification**  
    (select only one)  
    - None  
    - Level I  
    - Level II  
    - Level III  
    - ASNT NDT Level III  
    - ACCP Level II  
    - ACCP Level III  
    - IRRSP

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