

ASNT NDT Level II 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.

Examination Total	From page 2	
Membership Option	Take advantage of member pricing now by completing the membership application on pages 7 and 8 and include the total here.	
Total Due		

Payment

 - Applications will not be processed without payment

Credit Card Check Funds Transfer
 Visa MasterCard Discover American Express

Name on Card

Card Number

Expiration Date CIN Number*

Signature Date

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

Contact ASNT for wire instructions

*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.

Schedule Exams

All exams will be computer based unless otherwise specified. 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.

Check a box indicating if this is a new or added method, a retake of an exam that you failed within the last five years, or a recertification exam if you are currently certified in the method. You may request accommodations during testing for special needs by contacting ASNT.

Fees for Initial Certification

ASNT NDT Level II candidates applying for initial certification **MUST** take both the General examination **AND** a General Industry Specific examination for each test method in which certification is sought.

In the table below, check the boxes for the examinations you wish to take and place the appropriate fee amount in the "Your Fees" column. When finished, total your fees and place them in the Fees column on page 1 of the application.

<i>US Candidates</i>			
Method <i>(Includes both General and Specific Exams)</i>	ASNT Members	Non-Members**	Total Fee
	New	New	
	\$580	\$655	
MT – General Industry	<input type="checkbox"/>	<input type="checkbox"/>	
MT-Pressure Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
PT –General Industry	<input type="checkbox"/>	<input type="checkbox"/>	
PT- Pressure Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
RT- General Industry	<input type="checkbox"/>	<input type="checkbox"/>	
RT –Pressure Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
UT –General Industry	<input type="checkbox"/>	<input type="checkbox"/>	
UT- Pressure Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
VT- General Industry	<input type="checkbox"/>	<input type="checkbox"/>	
VT-Pressure Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Total			

<i>International Candidates</i>			
Method <i>(Includes both General and Specific Exams)</i>	ASNT Members	Non-Members**	Total Fee
	New	New	
	\$660	\$735	
MT – General Industry	<input type="checkbox"/>	<input type="checkbox"/>	
MT-Pressure Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
PT –General Industry	<input type="checkbox"/>	<input type="checkbox"/>	
PT- Pressure Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
RT- General Industry	<input type="checkbox"/>	<input type="checkbox"/>	
RT –Pressure Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
UT –General Industry	<input type="checkbox"/>	<input type="checkbox"/>	
UT- Pressure Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
VT- General Industry	<input type="checkbox"/>	<input type="checkbox"/>	
VT-Pressure Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Total			

Retakes and Industry Sector Add-Ons

Personnel retaking failed examinations or adding an Industry Sector should select their examinations from the table below. Initial Certification candidates may **NOT** use this table; they should use the table above.

US Candidates			
Method <i>(Includes both General and Specific exams)</i>	ASNT Members	Non-Members**	Total Fee
	Retake	Retake	
	\$290	\$335	
MT General	<input type="checkbox"/>	<input type="checkbox"/>	
MT PE	<input type="checkbox"/>	<input type="checkbox"/>	
MT GI	<input type="checkbox"/>	<input type="checkbox"/>	
PT General	<input type="checkbox"/>	<input type="checkbox"/>	
PT PE	<input type="checkbox"/>	<input type="checkbox"/>	
PT GI	<input type="checkbox"/>	<input type="checkbox"/>	
RT General	<input type="checkbox"/>	<input type="checkbox"/>	
RT PE	<input type="checkbox"/>	<input type="checkbox"/>	
RT GI	<input type="checkbox"/>	<input type="checkbox"/>	
UT General	<input type="checkbox"/>	<input type="checkbox"/>	
UT PE	<input type="checkbox"/>	<input type="checkbox"/>	
UT GI	<input type="checkbox"/>	<input type="checkbox"/>	
VT General	<input type="checkbox"/>	<input type="checkbox"/>	
VT PE	<input type="checkbox"/>	<input type="checkbox"/>	
VT GI	<input type="checkbox"/>	<input type="checkbox"/>	
Total			

International Candidates			
Method <i>(Includes both General and Specific exams)</i>	ASNT Members	Non-Members**	Total Fee
	Retake	Retake	
	\$330	\$375	
MT General	<input type="checkbox"/>	<input type="checkbox"/>	
MT PE	<input type="checkbox"/>	<input type="checkbox"/>	
MT GI	<input type="checkbox"/>	<input type="checkbox"/>	
PT General	<input type="checkbox"/>	<input type="checkbox"/>	
PT PE	<input type="checkbox"/>	<input type="checkbox"/>	
PT GI	<input type="checkbox"/>	<input type="checkbox"/>	
RT General	<input type="checkbox"/>	<input type="checkbox"/>	
RT PE	<input type="checkbox"/>	<input type="checkbox"/>	
RT GI	<input type="checkbox"/>	<input type="checkbox"/>	
UT General	<input type="checkbox"/>	<input type="checkbox"/>	
UT PE	<input type="checkbox"/>	<input type="checkbox"/>	
UT GI	<input type="checkbox"/>	<input type="checkbox"/>	
VT General	<input type="checkbox"/>	<input type="checkbox"/>	
VT PE	<input type="checkbox"/>	<input type="checkbox"/>	
VT GI	<input type="checkbox"/>	<input type="checkbox"/>	
Total			

** You may take advantage of ASNT Member pricing now by becoming an ASNT member or renewing your membership with this application. An ASNT Membership application is attached on pages 7 & 8 of this application.



ASNT NDT Level II

Training Requirements

Minimum Training Requirements

Use this table to find the minimum training required for ASNT NDT Level II certification in each method. Enter the amount of training you are claiming to meet the requirements.

Training	MT	PT	RT	UT	VT
Hours Required	20	12	80	80	24
Hours Claimed					

You must submit documentation for the minimum required amount of training required. Submit 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 for each test method in which certification is sought. All documentation must be in English or accompanied by an English translation.

ASNT NDT Level II

Experience Requirements

Minimum Experience Requirements

The table below lists the minimum experience required for ASNT NDT Level II certification in each test method. Enter the amount of experience you are claiming to meet the requirements. **Use the next pages to document the individual positions in which experience was obtained.**

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.

Experience		MT	PT	RT	UT	VT
Hours Required	Total Hours in Method	280	210	840	840	210
	Total Hours in NDT	530	400	1600	1600	400
Hours Claimed	Total Hours in Method					
	Total Hours in NDT					

If you do not satisfy the above criteria for the method(s) in which you are applying, please do not submit an application. Applications received from ineligible applicants will be returned to the applicant less a fee. It is your responsibility to determine your own eligibility.

Each time a new examination is attempted, you must supply documentary evidence of education and experience appropriate for that examination. **Do not rely on past applications to meet this requirement.**

Recertifying and retaking personnel need only submit documentation for experience gained since the last application.

NOTE: It is the responsibility of the employer to administer an eye test and a Practical examination in accordance with Recommended Practice No. SNT-TC-1A complete certification to NDT Level II.

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

ASNT NDT Level II Experience Documentation

Name

First, Middle, Last

ASNT ID

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

ASNT NDT Level II Experience Documentation

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

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

ASNT NDT Level II Experience Documentation

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

Name

First, Middle, Last

ASNT ID

Position # 3

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

ASNT NDT Level II Experience Documentation

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:

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

ASNT NDT Level II Experience Documentation

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

Name _____

First, Middle, Last

ASNT ID _____

Position # 5

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 Hours _____

PT Hours _____

RT Hours _____

UT Hours _____

VT 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 _____

Code of Ethics for NDT Level II Personnel Certified by ASNT

1.0 Purpose

The following Code of Ethics is binding upon every individual who possesses a current ACCP™ or ASNT NDT 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, the ASNT NDT Level II program and the NDT profession. Accordingly, each ACCP™ or ASNT NDT Level II certified individual agrees to abide by the following:

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™ or ASNT NDT Level II certificate holder may be cause for disciplinary action against that person which may result in sanctions up to revocation of ASNT certification.

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. 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. Date

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 agree not to release confidential examination materials or participate in fraudulent test-taking practices.

I understand that I am required to inform ASNT of matters that affect my capability to continue to fulfill the requirements of my certification(s). Failure to do so may result in the suspension or revocation of my certification(s) by ASNT.

I authorize ASNT to publish my name, city, state, country, test methods, levels, expiration dates of certification(s) and any possible suspension or revocation of certification(s) by ASNT.

Signature of Applicant

Print Name of Applicant

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.

Submit Application

Online: Submit your documentation and fees securely on ASNT Website

[Start your application process here](#)

(Online submittal- fees pay be credit card, check or wire)

Fax or E-Mail

Or, if paying by credit card, you may fax this application, attachments, and fees to ASNT at:

614-274-6899 or E-Mail to shopasnt@asnt.org

No Application will be reviewed until all fees are paid.

MAIL

Mail this application, attachments, and fees to ASNT at:

**ASNT
1711 Arlingate Lane
P.O. Box 28518 Columbus, OH 43228-0518 US**

Make checks payable to ASNT.

Please do submit your application more than once.

ASNT Individual Membership Application & Renewal Form

Member Information

Last Name

First Name

M.I.

Phone

Send Membership Materials to: Home Office

Former Member: Yes 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

- Access to the largest network of NDT contacts and businesses worldwide
- Materials Evaluation, the authoritative monthly journal on NDT
- Local Section affiliation, provides educational and business networking opportunities
- The quarterly newsletter for NDT practitioners: The NDT Technician
- Recertification points for membership
- Discounts on national conferences and symposium registration
- Members Only access at www.asnt.org provides publications and networking functions
- Serve on ASNT committees; be part of a group that may effect change or the industry

Become part of the foremost nondestructive testing society and be fully connected to the NDT world.

Membership Options

Renewal Member Dues

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

New Member Dues

New members are those joining ASNT for the first time or members having more than a six month gap since expiration. Such rejoining members are subject to new member rate.

	Dues	*Dues with Airmail Service included	*New Member Dues	*Dues with Airmail Service included	Dues include subscriptions to Materials Evaluation and The NDT Technician.
Renewal Member					
One-Year	<input type="radio"/> \$65	<input type="radio"/> \$113	<input type="radio"/> \$75	<input type="radio"/> \$123	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.
Two-Year	<input type="radio"/> \$125	<input type="radio"/> \$209	<input type="radio"/> \$135	<input type="radio"/> \$219	
Three-Year	<input type="radio"/> \$180	<input type="radio"/> \$294	<input type="radio"/> \$190	<input type="radio"/> \$304	
Five-Year	<input type="radio"/> \$290	<input type="radio"/> \$465	<input type="radio"/> \$300	<input type="radio"/> \$475	
Student, One-Year <small>Must submit transcript or letter of enrollment</small>	<input type="radio"/> \$15	<input type="radio"/> \$63	<input type="radio"/> \$15	<input type="radio"/> \$63	
Military Rank E-5 or lower	<input type="radio"/> \$30	<input type="radio"/> \$78	<input type="radio"/> \$30	<input type="radio"/> \$78	

All pricing subject to change.

New member dues include a one-time \$10 administration fee

Dues are nonrefundable, nontransferable. Dues include subscription to Materials Evaluation and The NDT Technician.

Research in Nondestructive Evaluation (RNDE®) Individual Subscription

RNDE® is ASNT's quarterly research journal.		With Airmail Service Included	
Print Subscription - for current volume	<input type="radio"/> \$55	<input type="radio"/> \$129	Add a subscription to ASNT's quarterly research journal, RNDE.
Electronic Subscription - for current volume	<input type="radio"/> \$55		
Print and Electronic Subscription - a savings of \$35	<input type="radio"/> \$75	<input type="radio"/> \$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 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 0 over 100

6. Your Job Function - Choose the one that best describes your role. (select only one)

- NDT Management
- Quality Management
- Engineer
- Technician/Inspector
- Consultant
- Sales/Marketing
- Researcher
- Academic/Educator
- Trainer/Instructor
- Student

7. Purchasing Responsibility

(select all that apply)

I recommend/approve the purchase of:

- Equipment/Instruments/Supplies
- Training & Study Materials/Programs
- Services
- I am not involved in purchasing

8. With which NDT method(s) do you work?

(select all that apply)

- 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
- Robotics
- 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 II
- ASNT NDT Level III
- ACCP Level II
- ACCP Level III
- IRRSP

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

For Questions Contact the Membership Department at:

Phone 614.274.6003

Toll Free 800.222.2768 (US/Canada)

