



## **ASNT NDT Level III**

### **Required Forms Instructions**

1. Print Forms
2. Complete forms in dark blue or black ink.
3. Save each form in digital format. File names must be less than 64 characters.
4. Upload forms when instructed during the online application process.

**You must complete the online application.**

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

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



## Signature Form

ASNT must have a record of your signature on file.

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

**Experience – This section must be filled out.**

List in chronological order all employment you wish ASNT to consider as qualifying experience with most recent (including present employer) position first. Use a **separate** form for **each** employer from which you are submitting qualifying experience. Only submit the attestation for your latest certifying employer.

You **must** supply documentary evidence of Initial Level II or equivalent experience (*as described in ASNT's Recommended Practice SNT-TC-1A, paragraph 6.3*) to meet the minimum experience requirements in the method(s) for which you are applying.

**You are required to submit documentation supporting your work experience.** Acceptable documentation can include: inspection log books, inspection reports, employer or third-party certificates or certification records, human resources records, 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.**

Supporting documents **MUST** state:

1. Level of qualification or Level II job duties
2. Number of months working as a Level II

Other supporting documents that are **NOT** accepted:

1. Certificate of Training / Non-employer issued qualifications
2. Level I certificates

**Name** \_\_\_\_\_  
First Middle Last ASNT ID

**Position #** \_\_\_\_\_ **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 \_\_\_\_\_

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

Dates of initial Level II Certification for each method: \_\_\_\_\_

AE \_\_\_ # of months    IR \_\_\_ # of months    LT \_\_\_ # of months    RT \_\_\_ # of months    ML \_\_\_ # of months    VT \_\_\_ # of months  
 ET \_\_\_ # of months    NR \_\_\_ # of months    PT \_\_\_ # of months    UT \_\_\_ # of months    MT \_\_\_ # of months

NOTE: 1 month is equivalent to 160 hours

**Document the experience gained as a Level II related to the above employer and list the document(s) that are attached to this application providing evidence of Level II certification.**

**Attached Documents:** \_\_\_\_\_

Method	Technique	Industry	Application	Role	Dates	
<small>Example:</small>						
UT	Shearwave	Refining	ASME V, Pipe & vessel welds	Level II Tech	1-21-15	1-21-17

**Statement of Attestation – This form must be filled out.**

Submit this attestation from the employer in which the latest certification was attained. A minimum of 2 signatures shall be provided for certification. The following signed statement attests to the accuracy and validity of the documentary evidence submitted for certification. As an Employer, Level III, NDT Supervisor or Customer, I have reviewed the documentation and understand that any misrepresentation would be considered a breach of the ASNT Code of Ethics.

**Employer** – A management level representative of the company having direct knowledge of the applicant's duties and being familiar with the company's certification process.

**Certifying Level III or NDT Supervisor** – The Level III directly responsible for the certification of the applicant. May be an ASNT III, ACCP III, Company III, Responsible III, Level III of Record or 3<sup>rd</sup> Party Level III. When working in a position comparable to that of a Level II, the NDT Supervisor is the person most responsible for direction of the day to day work of the applicant.

**Customer (Self-Employed Only)** – Must be a customer having direct knowledge of the applicants inspection duties and abilities. Customer attests that the applicant has performed testing in the method applied for during the specified time period.

**Position #** \_\_\_\_\_

<u>EMPLOYER</u>
<u>Name:</u>
<u>Title:</u>
<u>Relationship To Applicant:</u>
<u>Dates Covered:</u>
<u>Email:</u>
<u>Phone:</u>
<u>ASNT ID (if applicable):</u>
<u>Signature:</u>

<u>CUSTOMER</u>
<u>Name:</u>
<u>Title:</u>
<u>Relationship To Applicant:</u>
<u>Dates Covered:</u>
<u>Email:</u>
<u>Phone:</u>
<u>ASNT ID (if applicable):</u>
<u>Signature:</u>

<u>CERTIFYING LEVEL III or NDT SUPERVISOR</u>
<u>Name:</u>
<u>Title:</u>
<u>Relationship To Applicant:</u>
<u>Dates Covered:</u>
<u>Email:</u>
<u>Phone:</u>
<u>ASNT ID (if applicable):</u>
<u>Signature:</u>

<u>CUSTOMER</u>
<u>Name:</u>
<u>Title:</u>
<u>Relationship To Applicant:</u>
<u>Dates Covered:</u>
<u>Email:</u>
<u>Phone:</u>
<u>ASNT ID (if applicable):</u>
<u>Signature:</u>

**Experience – This section must be filled out.**

List in chronological order all employment you wish ASNT to consider as qualifying experience with most recent (including present employer) position first. Use a **separate** form for **each** employer from which you are submitting qualifying experience. Only submit the attestation for your latest certifying employer.

You **must** supply documentary evidence of Initial Level II or equivalent experience (*as described in ASNT's Recommended Practice SNT-TC-1A, paragraph 6.3*) to meet the minimum experience requirements in the method(s) for which you are applying.

**You are required to submit documentation supporting your work experience.** Acceptable documentation can include: inspection log books, inspection reports, employer or third-party certificates or certification records, human resources records, 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.**

Supporting documents **MUST** state:

1. Level of qualification or Level II job duties
2. Number of months working as a Level II

Other supporting documents that are **NOT** accepted:

1. Certificate of Training / Non-employer issued qualifications
2. Level I certificates

**Name** \_\_\_\_\_  
First Middle Last ASNT ID

**Position #** \_\_\_\_\_ **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 \_\_\_\_\_

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

Dates of initial Level II Certification for each method: \_\_\_\_\_

AE \_\_\_ # of months    IR \_\_\_ # of months    LT \_\_\_ # of months    RT \_\_\_ # of months    ML \_\_\_ # of months    VT \_\_\_ # of months  
 ET \_\_\_ # of months    NR \_\_\_ # of months    PT \_\_\_ # of months    UT \_\_\_ # of months    MT \_\_\_ # of months

*NOTE: 1 month is equivalent to 160 hours*

**Document the experience gained as a Level II related to the above employer and list the document(s) that are attached to this application providing evidence of Level II certification.**

**Attached Documents:** \_\_\_\_\_

Method	Technique	Industry	Application	Role	Dates	

Example:  

UT	Shearwave	Refining	ASME V, Pipe & vessel welds	Level II Tech	1-21-15	1-21-17
----	-----------	----------	-----------------------------	---------------	---------	---------

**Experience – This section must be filled out.**

List in chronological order all employment you wish ASNT to consider as qualifying experience with most recent (including present employer) position first. Use a **separate** form for **each** employer from which you are submitting qualifying experience. Only submit the attestation for your latest certifying employer.

You **must** supply documentary evidence of Initial Level II or equivalent experience (*as described in ASNT's Recommended Practice SNT-TC-1A, paragraph 6.3*) to meet the minimum experience requirements in the method(s) for which you are applying.

**You are required to submit documentation supporting your work experience.** Acceptable documentation can include: inspection log books, inspection reports, employer or third-party certificates or certification records, human resources records, 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.**

Supporting documents **MUST** state:

- 1. Level of qualification or Level II job duties
- 2. Number of months working as a Level II

Other supporting documents that are **NOT** accepted:

- 1. Certificate of Training / Non-employer issued qualifications
- 2. Level I certificates

**Name** \_\_\_\_\_  
First Middle Last ASNT ID

**Position #** \_\_\_\_\_ **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 \_\_\_\_\_

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

Dates of initial Level II Certification for each method: \_\_\_\_\_

AE \_\_\_ # of months    IR \_\_\_ # of months    LT \_\_\_ # of months    RT \_\_\_ # of months    ML \_\_\_ # of months    VT \_\_\_ # of months  
 ET \_\_\_ # of months    NR \_\_\_ # of months    PT \_\_\_ # of months    UT \_\_\_ # of months    MT \_\_\_ # of months

NOTE: 1 month is equivalent to 160 hours

**Document the experience gained as a Level II related to the above employer and list the document(s) that are attached to this application providing evidence of Level II certification.**

**Attached Documents:** \_\_\_\_\_

Method	Technique	Industry	Application	Role	Dates	
Example:						
UT	Shearwave	Refining	ASME V, Pipe & vessel welds	Level II Tech	1-21-15	1-21-17