



Attach two (2)
passport photos here

Industrial Radiography Radiation Safety Personnel Certification Application

ASNT Identification Number

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

Personal Data Mail certification information to: Home Work

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 as it appears on your identification. Indicate your Last Name (Surname or Family Name) by entering in capital letters, i.e., John SMITH

Home _____
Address

City _____ State/Prov. _____ ZIP/Postal Code _____ Country _____

Phone _____ Fax _____

Work _____
Organization Name

Address _____

City _____ State/Prov. _____ ZIP/Postal Code _____ Country _____

Phone _____ Fax _____

Exams and Fees

Exam	ASNT Members		Non-Members**		Exam Sitting Fee***	Total Fee (include sitting fee)
	New	Retake	New	Retake		
	\$125	\$90	\$145	\$90		
Radioactive Materials (RAM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$160	
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$160	
Combo (Ram/X-ray)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$160	
Member Option	**Take advantage of member pricing now by completing the membership application on pages 9 & 10 and include here:					
Total Due						

Payment

Payment must accompany application

Personal Credit Card

Company Credit Card

Check

Discover

Card Holder's Name
(please print) _____

Money Order

Visa

Make payable to ASNT

(must be drawn on a US bank)

MasterCard

Credit Card Billing Address _____

Funds Transfer

American Express

Credit Card Number _____

Expiration Date _____

CIN Number* _____

*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.

*** Exam Sitting Fee that was previously collected at the Authorized Exam Center at time of examination is now being collected at time of application.

Employment History

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.

Provide the name of the employer, address, dates of employment, and hours of active participation in performing (RAM - 320 hours; x-ray - 160 hours; Both - 480 hours) accumulated by category (i.e. RAM or x-ray) along with applicable documentation. Documentation may be verified on this form by a current Radiation Safety Officer (RSO) or company personnel officer who has reviewed your radiation employment history. Photocopies of past radiation employment records, or other suitable, traceable documentation are also acceptable. **ASNT will review all documentation submitted.**

Position # _____ **Dates of Employment** _____
Start Date End Date Total Time (Months)

Organization Name _____

Organization Address _____ City _____ State/Prov. _____ ZIP/Postal Code _____

Category and Hours of Experience (check more than one if applicable):
Radioactive Material (RAM) Hours: _____ X-ray Hours: _____

Please provide documentation of employment. Check the appropriate box describing documentation..
 Verification _____
Signature of Past Employer or Knowledgeable Verifier Relationship Date

Other documentation (please describe) _____

Position # _____ **Dates of Employment** _____
Start Date End Date Total Time (Months)

Organization Name _____

Organization Address _____ City _____ State/Prov. _____ ZIP/Postal Code _____

Category and Hours of Experience (check more than one if applicable):
Radioactive Material (RAM) Hours: _____ X-ray Hours: _____

Please provide documentation of employment. Check the appropriate box describing documentation..
 Verification _____
Signature of Past Employer or Knowledgeable Verifier Relationship Date

Other documentation (please describe) _____

Position # _____ **Dates of Employment** _____
Start Date End Date Total Time (Months)

Organization Name _____

Organization Address _____ City _____ State/Prov. _____ ZIP/Postal Code _____

Category and Hours of Experience (check more than one if applicable):
Radioactive Material (RAM) Hours: _____ X-ray Hours: _____

Please provide documentation of employment. Check the appropriate box describing documentation..
 Verification _____
Signature of Past Employer or Knowledgeable Verifier Relationship Date

Other documentation (please describe): _____

Training History

List applicable radiation safety programs you have completed. Training programs could be from a community college, licensee, or other course provider. You must **attach documentation** for at least 40 hours of radiation safety training. Documentation can be a certificate or statement signed by the course provider clearly listing the hours of attendance and agency license/registration number. Mark program 1, 2 etc. on the appropriate documentation. For recertification, the training must have been completed within the five-year certification period. **ASNT will review all documentation submitted.**

Program 1

Organization	Dates of Training	Total Hours	
Organization Address			
City	State/Prov.	ZIP/Postal Code	Country

Program 2

Organization	Dates of Training	Total Hours	
Organization Address			
City	State/Prov.	ZIP/Postal Code	Country

Program 3

Organization	Dates of Training	Total Hours	
Organization Address			
City	State/Prov.	ZIP/Postal Code	Country

Statement Requirements

Signature on this form acknowledges that the candidate subscribes to the following:

If certified by ASNT, I agree to abide by the ASNT Industrial Radiography Radiation Safety Personnel (IRRSP) Rules of Conduct as interpreted by ASNT for the period of the Certification. I acknowledge that ASNT Industrial Radiography Radiation Safety Personnel Certification is not a personal or property right to which I am entitled, but is recognition which is granted by ASNT on the basis of my qualifications, successful completion of examinations, and my willingness to abide by and be governed by the ASNT Industrial Radiography Radiation Safety Personnel Rules of Conduct for the term of Certification. As such, I agree that ASNT, upon written complaint, notice, and hearing, may censure me or suspend or revoke the ASNT Industrial Radiography Radiation Safety Personnel Certification in the event of a determination that I have violated the rules governing the ASNT Industrial Radiography Radiation Safety Personnel Certification. I further agree that Certification which may result from this application arises solely pursuant to the requirement set forth by The American Society for Nondestructive Testing, Inc. and does not constitute any form of license issued by federal, state, local regulatory, or governing body. I further acknowledge that any requirement for ASNT Certification is within the sole discretion of any government authority, public or private employer who specifies this status as a condition of employment or other qualification. I hereby attest that all entries made on the application form are true and correct, and no information that might be detrimental to my Certification 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 the ASNT Industrial Radiography Radiation Safety Personnel Certification, as applied.

In consideration of the acceptance and processing of my application for ASNT Industrial Radiography Radiation Safety Personnel Certification, I release and forever discharge The American Society for Nondestructive Testing, Inc. (ASNT), its directors, officers, members and employees from any and all liabilities, claims, demands, or causes of action whatsoever, which now exist or which may arise as a result of my activities or actions as an ASNT Industrial Radiography Radiation Safety Personnel certified individual. In addition, I agree to indemnify and hold harmless ASNT from any claims by third parties asserted against ASNT as a result of the ASNT Certification granted to me. I have read and understand the current ASNT Refund Policy.

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

Print Name of Applicant

Print Name of Witness

Signature of Applicant

Signature of Witness

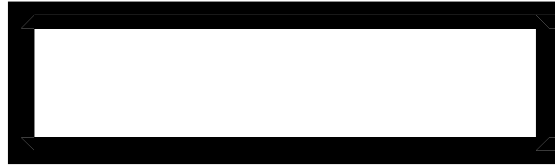
Date

Date

Wallet Card Signature

In the event that you meet all IRRSP 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.**



Examination Results

Examination results will be sent to all candidates within 30 business days from the date of their examination. Successful candidates will be notified in writing by ASNT that they are ASNT Certified IRRSP individuals and will receive an ASNT IRRSP wallet card attesting to that fact.

Candidates failing their examination will be sent a Results Letter stating that they have not passed their examination. The Results Letter will include a bar chart showing how the candidate performed in each of the major topics covered by the examination. As noted on the letter, the percentages shown on each line are for only those questions within that topic and they cannot be averaged to get the candidate's overall score.

Candidate scores are based on 80 psychometrically developed questions; 20 "provisional" questions that will not be graded are included in the 100-question examination in undisclosed positions so that field statistics can be generated for these questions. This is part of the psychometric development process and is required prior to using new or revised questions for scoring purposes. The percentages shown in the bar chart on the Results Letter are based on the 80 scored items only; provisional questions are not included.

NOTICE: You may request accommodations during testing for special needs by contacting ASNT.

IRRSP Certification

ASNT's Industrial Radiography Radiation Safety Personnel (IRRSP) certification program meets the guidelines and criteria of the NRC as stated in 10 CFR Part 34 for industrial radiography.

Qualification Requirements

Applicants must provide documentation to satisfy qualification requirements in the following five areas:

- (1) Successfully complete 40 hours of formal classroom instruction in radiation safety topics as defined by the US Nuclear Regulatory Commission (USNRC) in USNRC 10 CFR Part 34, or Agreement State Regulations, or other jurisdictional authority (documentation required). Documentation can be a certificate or statement signed by the course provider clearly listing the hours of attendance and agency license/registration number. **ASNT will verify all documentation submitted.**
- (2) Accumulate:

RAM	320 hours of active participation in performing gamma ray category (Radioactive Materials, RAM)
X-ray	160 hours of active participation in performing x-ray category, or;
Both	480 hours consisting of 320 hours in RAM and 160 hours in x-ray.

Experience must be acquired under the control of a license granted by the USNRC, by an Agreement State for gamma-radiation, or by a jurisdictional authority for x-radiation (documentation required). Documentation can be photocopies of past radiation employment records, or other suitable, traceable documentation is also acceptable. **ASNT will verify all documentation submitted.**

- (3) Submit a fully completed IRRSP application form, required fees, and two copies of a 1-1/2 by 1 1/2 in. (4 by 4 cm) color passport photograph of the applicant.
- (4) Submit a practical examination for the applicable method(s) (gamma ray, x-ray, or both), administered by an ASNT recognized institution documented and mailed to ASNT within six months of the written exam. Institutions recognized by ASNT are government or private institutions licensed by the USNRC or Agreement States for gamma-radiation and by appropriate jurisdictional authorities for x-ray devices.
- (5) Acknowledge and agree to abide by the ASNT IRRSP Rules of Conduct. These rules apply to individuals who successfully complete the certification program requirements. These rules are necessary to protect the health and safety of ASNT certified individuals, other workers, and the integrity of this certification program.
- (6) Complete the Fee Worksheet on page 1 and enclose the correct fee payable to:

The American Society for Nondestructive Testing, Inc.
1711 Arlingate Lane
PO Box 28518
Columbus, Ohio 43228-0518

Telephone: 800-222-2768
Fax: 614-274-6899

Requalification Requirements

- (1) Requalification shall occur every five (5) years by examination which shall include written and practical examinations.
- (2) Successfully complete 40 hours of formal classroom instruction, 12 months prior to recertification, in radiation safety topics or at least eight (8) hours of annual classroom refresher training as defined in USNRC 10 CFR Part 34, or Agreement State Regulations, or other jurisdictional authority during the certification period (documentation required). Documentation can be a certificate or statement signed by the course provider clearly listing the hours of attendance. **ASNT will verify all documentation submitted.**
- (3) Two current passport-type photographs must be submitted when applying for recertification.

Submit Application

Mail pages 1 through 4 of this application with supporting documentation, fees, and photographs to ASNT at:

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

Or you may send your application and credit card payment information to ASNT electronically by fax or e-mail FAX to 614-274-6899 or e-mail to shopasnt@asnt.org Please do not both mail and fax your application.

Rules of Conduct

1. Purpose and Scope

- 1.1. The following ASNT IRRSP Rules of Conduct are applicable to those individuals who possess a current ASNT IRRSP Certification. These rules of conduct are considered necessary to protect the health and safety of the ASNT IRRSP certified individual, other workers, and the general public from the effects of ionizing radiation. These rules of conduct are also considered necessary to maintain the integrity of the ASNT IRRSP Certification Program.

2. Rules of Conduct

The ASNT IRRSP certified individual agrees to:

- 2.1. Maintain high standards of skills and knowledge of radiation safety and implement them in accordance with the USNRC or Agreement State regulations for isotopes or appropriate jurisdictional authority regulations for x-ray devices and the employer's radiation safety procedures.
- 2.2. Assume responsibility for radiation safety for the radiation producing equipment, only after completion of the required training and experience as stated by the employer's radiation safety procedures for the radiation producing equipment used.
- 2.3. Promptly inform the employer and/or proper authority of any activity that causes, or may cause, the violation of the employer's radiation safety procedures or the USNRC or Agreement State regulations for isotopes or the appropriate jurisdictional authority regulations for x-ray devices.
- 2.4. Minimize and maintain radiation exposures as low as reasonably achievable.
- 2.5. Wear and maintain personnel radiation monitoring devices as required by the employer's radiation safety procedures.
- 2.6. Maintain accurate knowledge of current personal radiation exposure and not exceed the required limits without written authorization from the employer as permitted by the regulations.
- 2.7. Accurately complete and maintain, in a timely manner, the required radiation safety documentation.
- 2.8. Always perform radiation surveys using the required instrumentation, and properly identify, control, and monitor the radiation areas and high radiation areas in the manner stated by the employer's radiation safety procedures.
- 2.9. Maintain current ASNT IRRSP Certification, when required, and not represent one's self as ASNT IRRSP certified without a current ASNT IRRSP Certification for the radiation producing equipment required to use.
- 2.10. Never misuse the ASNT IRRSP Certification.
- 2.11. Avoid conflicts of interest involving radiation safety with his/her employer and promptly disclose all such unavoidable circumstances to the employer and the proper authorities.
- 2.12. Refuse to accept gratuities or bribes which are associated with performance of radiation safety duties.
- 2.13. Never falsify or misrepresent his/her, or any other industrial radiography person's radiation safety qualifications and never knowingly allow others to falsify or misrepresent his/her radiation safety qualifications.
- 2.14. Neither associate with or knowingly participate in a fraudulent or dishonest radiation safety venture and never perform radiation safety duties in a fraudulent manner.
- 2.15. Refuse to falsify any radiation safety documents and refuse to sign such documents for which he/she does not have personal knowledge.
- 2.16. Refuse to testify or issue statements or arguments on radiation safety matters unless they are founded on adequate knowledge of the facts and technical competence.
- 2.17. Never operate radiation producing equipment or perform radiation safety duties while under the influence of legal or illegal mood altering substances.

Transfer / Cancellation / Refund Policy

All ASNT examinations or Refresher Courses are required to be taken within one calendar year from the date on the original Letter of Notification/Letter of Approval sent to the applicant. One transfer is permitted within that year, subject to the administrative fees detailed below. **Failure to take examinations or Courses within that one-year period will result in forfeiture of all fees to ASNT.**

The transfer or cancellation deadline is two (2) calendar weeks prior to the week of a scheduled examination, or two (2) calendar weeks prior to the first week of Refresher Courses. Transfers or cancellations received before the deadline will be subject to a \$75.00 administrative fee **PER EXAMINATION OR COURSE**. A transferring applicant must remit those administrative fees to ASNT by the application deadline for the rescheduled examination or Course. No examination or Course 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 or Courses will result in forfeiture of the fees for the missed examinations or Courses.

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 METHOD**.

No refunds will be made for recertification applicants who do not meet the requirements for recertification.

All other fees are non-refundable and non-transferable.

All requests for transfers or cancellations must be submitted in writing to ASNT and be signed by the person registered for the examination or Course. A signed fax transmittal is acceptable. Fees not used within one (1) year from the date on the Approval Letter will be forfeited unless

NO EXCEPTIONS WILL BE MADE TO THE ABOVE POLICY

Appendix 1

IRRSP Candidate Performance Review (Practical Examination)

IRRSP certification requires the submittal of a practical examination for the applicable method(s) (gamma ray, x- ray, or both), administered by an ASNT recognized institution **documented and mailed to ASNT within six months of the written exam**. Institutions recognized by ASNT are government or private institutions licensed by the USNRC or Agreement States for gamma-radiation and by appropriate jurisdictional authorities for x-ray devices.

Indicate to which of the following the practical examination applies:
(Combination exams require the submittal of two practicals; a RAM and an X-ray)

RAM

X-Ray

Name of IRRSP Candidate		ASNT ID
Radiographic Location	Date	Time
Radiation Source	Curies/kV	Serial No.
Exposure Device Model No.	Exposure Device Serial No.	
Survey Meter Model No.	Serial No.	Calib. Due
RSO or other Authority Administering Examination (Please Print Name)		

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Was the candidate wearing a combination of a dosimeter, alarming ratemeter, and a film badge or TLD? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were other individuals working within the radiation area wearing a combination of a dosimeter, alarming ratemeter, and a film badge or TLD? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the radiation area properly controlled to prevent unauthorized entry? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was the radiation area posted with "CAUTION RADIATION AREA" signs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was the high radiation area posted with "CAUTION" or (DANGER) "HIGH RADIATION AREA" signs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did the candidate have a calibrated and properly operating survey meter? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was the utilization log properly completed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did the candidate have sufficient knowledge of safety rules, regulations and procedures as ascertained by oral inquiry? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Was the candidate working with defective equipment? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|--------------------------|--------------------------|
| 10. Did the candidate properly survey the entire exposure device and source tube (isotope) or area (X-ray)? | <input type="checkbox"/> | <input type="checkbox"/> |
| | YES | NO |
| 11. Was the radiation producing equipment stored properly and kept locked to prevent unauthorized removal or use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Was the storage area posted with "CAUTION" (or DANGER) "RADIOACTIVE MATERIAL" sign (isotope only)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did the candidate have ready access to operating and emergency procedures and all applicable regulations for protection against ionizing radiation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Were there any items of concern other than those listed on this form? (If any, explain in "Remarks", below.) | <input type="checkbox"/> | <input type="checkbox"/> |

The candidate's performance was:

- Satisfactory
- Unsatisfactory, needs additional training
- Unsatisfactory, further activities prohibited
- If applicable, instruction provided: _____

If applicable, describe corrective actions resulting from failure of the candidate to properly perform during this review.

Remarks:

Practical Conducted By _____ Date _____

Certified By (RSO) _____ Date _____

ASNT Individual Membership Application & Renewal Form

Member Information

Last Name	First Name	M.I.	Phone
Send Membership Materials to: <input type="radio"/> Home <input type="radio"/> Office		Former Member: <input type="radio"/> Yes <input type="radio"/> No	

If sponsored, by whom?

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.

- 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

ASNT membership includes:

- 25% discount on all items purchased from our Publications Catalog or Shop ASNT online at www.asnt.org

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

Membership Options	Renewing Member Dues	Renewing Member Dues with Airmail Service included	New Member Dues	New Member Dues with Airmail Service included
One-Year	<input type="radio"/> \$65	<input type="radio"/> \$113	<input type="radio"/> \$75	<input type="radio"/> \$123
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

Research in Nondestructive Evaluation (RNDE®) Individual Subscription

		With Airmail Service Included
RNDE® is ASNT's quarterly research journal.		
Print Subscription - for current volume	<input type="radio"/> \$55	<input type="radio"/> \$129
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.

Dues are nonrefundable, nontransferable. Includes subscription to Materials Evaluation and The NDT Technician, a quarterly newsletter.

For members outside North America: Unless airmail is specified, all materials will be sent sea/surface mail; allow 3-4 months for delivery.

Do not miss out on subscribing to ASNT's quarterly research journal, RNDE.

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

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 III
- ACCP Level II
- ACCP Level III
- IRRSP

For Questions Contact the Membership Department at:

Phone 614.274.6003

Toll Free 800.222.2768 (US/Canada)