

# ASNT Central Certification Program Level II Renewal Application



## Scope

Use this renewal application **ONLY** to renew current ACCP Level II certifications. Adding new methods and/or techniques to an existing certification requires examination. This renewal application is valid only for personnel who attained ACCP Level II certification through ASNT examination or through an accredited third-party certification (except AWS). Do **NOT** use this application to renew ACCP Level II certification attained via AWS certification or SNT-TC-1A-compliant employer certification.

## ASNT Identification Number

If you've previously been issued an ASNT identification number one, please enter it in the box to the right.

## Personal Data

Mail certification information to:  Home  Work

### Name

\_\_\_\_\_  
Last First Middle Init.

### Home

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State/Prov. ZIP/Postal Code Country

\_\_\_\_\_  
Phone Fax Email

### Work

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State/Prov. ZIP/Postal Code Country

\_\_\_\_\_  
Phone Fax Email

## Renewals Requested

Check the methods below in which certification renewal is sought.

MT  PT  RT  UT  VT  Please equalize my certifications.

## Fees

All fees are listed in US dollars

**Save on certification fees now by becoming an ASNT member. See page 6 for all the benefits members enjoy.**

<b>Application Fee</b>	Includes new certificate and wallet card	<b>\$150</b>
<b>Method Fees</b>	<b>ASNT Members:</b> Number of methods checked above _____ times	\$50
	<b>Non-Members:</b> Number of methods checked above _____ times	\$125
<b>International Surcharge</b>	For all non-US Residents	\$40
<b>Membership Option</b>	<b>Take advantage of member pricing now by completing the membership application on pages 6 and 7 and include the total here.</b>	
		<b>Total</b>

## Payment

Payments must be submitted with the application.

Check  Visa Card Holder's Name \_\_\_\_\_  
 Money Order  MasterCard Card Number \_\_\_\_\_  
**Make payable to ASNT**  American Express Expiration Date \_\_\_\_\_ CIN Number\* \_\_\_\_\_  
(must be drawn on a US bank)  Discover Card Holder's Signature \_\_\_\_\_

**\*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.

# Continuing Satisfactory Performance

Photocopy this page as necessary to list your employment history. If submitting documentation from more than one source, submit in reverse chronological order, beginning with Position 1. ASNT Central Certification renewal requires documentation affirming that the applicant has been actively employed in NDT and has been using the applicable test methods without significant interruption during the current 5-year certification period. Acceptable documents include a signed statement from the employer or responsible 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

## Name

\_\_\_\_\_  
Last First Middle Init. ASNT ID

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

## 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 the methods and techniques below where NDT job functions were performed by the candidate named above and indicate the number of months claimed for each.

<input type="checkbox"/> MT	<input type="checkbox"/> PT	<input type="checkbox"/> RT	<input type="checkbox"/> UT	<input type="checkbox"/> VT
____ Months	____ Months	____ Months	____ Months	____ Months
<input type="checkbox"/> Bench	<input type="checkbox"/> Post-emulsifiable	<input type="checkbox"/> Gamma	<input type="checkbox"/> Castings/Forgings	<input type="checkbox"/> Direct
<input type="checkbox"/> Yoke	<input type="checkbox"/> Solvent-removable	<input type="checkbox"/> X-ray	<input type="checkbox"/> Welds	<input type="checkbox"/> Remote
	<input type="checkbox"/> Water-Washable			

Briefly describe below the NDT tasks the candidate named above performed at this location for each of the methods and techniques checked. List the document(s) that are attached to this application as evidence of this experience.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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)

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Title

## Vision Requirements

Vision examinations shall be administered by a physician, licensed nurse, ophthalmologist or optometrist, or by personnel approved by the employer's Level III. The visual examination date must be within **12 months** of the date that this application is signed. The form below may be used to document this requirement.

### Near distance vision

You must have visual acuity in at least one eye capable of reading the Jaeger J1 test chart, or equivalent, at a distance of not less than 30.5 cm (12in.)

### Color vision

You must be able to differentiate between the colors used in the NDT method(s) for which certification is required.

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## Attestation of Visual Acuity

Eye Exam Date \_\_\_\_\_

Candidate Name (please print) \_\_\_\_\_

I attest that I administered a **near distance examination** on the candidate named above, and that the candidate has natural or corrected near-distance acuity in at least one eye capable of reading the Jaeger Number 1 test chart or equivalent at a distance of not less than 30.5 cm (12 in.).

I attest that I administered a **color perception examination** on the candidate named above, and that the candidate has:

No Color Perception Deficiency       Color Perception Deficiency (Specify) \_\_\_\_\_

\_\_\_\_\_  
Signature of Eye Examiner

\_\_\_\_\_  
Date

Ophthalmologist/Optometrist       Physician       Registered Nurse

Employer's Level III      Certificate No: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Other (Approved by the Employer's Level III):      Title: \_\_\_\_\_

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## Employer Attestation (for Candidate Color Perception Deficiency)

If the candidate has a **color perception deficiency**, the candidate's ability to distinguish colors used in the applicable method(s) as specified by the employer must be confirmed by the employer or a designated and responsible agent of the employer (such as an ASNT Level III, ACCP Professional Level III, or company Level III per SNT-TC-1A).

I attest that the above named candidate has sufficiently demonstrated the ability to distinguish colors used in the applicable test method(s) as specified in employer procedures.

\_\_\_\_\_  
Employer/Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/Agent Name (print)

\_\_\_\_\_  
ASNT ID (if applicable)

\_\_\_\_\_  
Title

# Code of Ethics for ACCP™ Level II Personnel Certified by ASNT

## 1.0 Purpose

1.1 The following Code of Ethics is binding upon every individual who possesses a current ACCP™ Level II Certification. These rules are necessary to protect the life, health, property and welfare of the public, and to maintain the credibility of the ASNT Central Certification Program and the NDT profession. Accordingly, each ACCP™ Level II certified individual agrees to:

## 2.0 Code of Ethics

- 2.1 Responsibility: Protect the safety, health and welfare of the public, by performing all NDT activities to the best of his/her ability in accordance with properly established and approved procedures and only in situations for which qualified.
- 2.2 Integrity: Perform all NDT activities honestly, and treat the public, clients and employer in an impartial and ethical manner. All reports of NDT activities shall faithfully and accurately reflect the tests conducted, procedures used, and results obtained.
- 2.3 Conflict of Interest: Consciously avoid conflict of interest situations with employer or client, promptly informing same if such situations cannot be avoided.
- 2.4 Improper Conduct: Refrain from work activities outside the area of certification without written approval of his/her supervisor.
- 2.5 Safety: Act in a safe and responsible manner while conducting NDT activities, ensuring that all required and necessary safety procedures are in place and are being used by one's self and others under his/her jurisdiction.

## 3.0 Penalty

Violation of this Code of Ethics by any ACCP™ certified Level II person may be cause for disciplinary action against that person.

## Reaffirmation of the Code of Ethics

By signature on this application, if certified by ASNT, I agree to abide by the ASNT Code of Ethics for ASNT Level II Personnel so long as I maintain a Certificate. Further, I understand the right of ASNT to suspend or revoke any Certificate granted if I abuse the privileges therein granted to me.

I understand that certifications which may result from this application do not constitute any form of license.

I hereby attest that all facts on this application are true and correct and no information which might be detrimental has been withheld. ASNT may make any inquiries necessary to determine my qualifications for certification. I agree to abide by the decision of ASNT relative to the granting of any Certifications as applied for herein.

For valuable consideration, the undersigned, having made application for Certification as Level II before ASNT, does hereby release and forever discharge The American Society For Nondestructive Testing, an Ohio Corporation, from any and all liabilities, claims, demands, or causes of action whatsoever, which now exist or which may hereafter arise on account of the undersigned's activities henceforth as Level 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. and any and all agents of ASNT in connection with such certification process. I have read and understand the attached transfer, cancellation and refund policy and understand that all application documents submitted to ASNT become the property of ASNT.

I authorize ASNT to publish my name, city, state, country, test methods, Levels and expiration dates of certification.

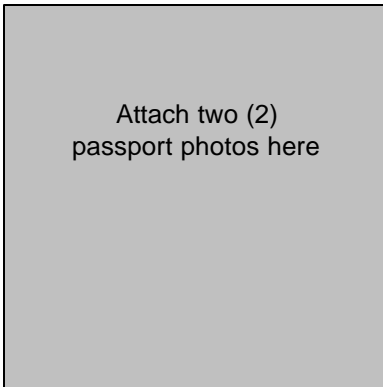
\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Photos and Signature

Attach 2 passport-type photos (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. **Keep your entire signature within the box.**



Signature Box



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## Submit Application

The application must be completed by the applicant. Please retain copies of this application and all supporting documents sent to ASNT.

All applicable portions of the application must be completely and accurately filled out. Incomplete applications may be returned and will delay the renewal process. The applicant is required to sign and have witnessed the application as indicated on page 2.

## Mail

Mail this application, accompanying documents, and fees to ASNT at:

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

## Transfers / Cancellations / Refunds

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

Renewal applications postmarked after the certification expiration date will be returned less a \$75 administrative fee. All other fees are non-refundable and non-transferable.

No exceptions will be made to the above policy.

## Application Due Date

ASNT certificates expire on the last day of the month listed on the certificate.

**Renewal applications must be postmarked no earlier than 6 months and no later than 2 months prior to the expiration date shown for each method.** If equalizing methods with different expiration dates, the application must be postmarked 6 to 2 months prior to the expiration date of the earliest expiring method.

Example 1: An application to renew MT and PT Level III certifications both expiring in July 2005 must be postmarked between January 31, 2005 and May 31, 2005, which are 6 and 2 months prior to July 31, 2005, respectively.

Example 2: An application to renew and equalize an RT certification expiring October 2005 and a UT certification expiring February 2006 must be postmarked between April 30, 2005 and August 31, 2005, which are 6 and 2 months prior to the earliest expiration date of October 31, 2005.

## Member Information

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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](http://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](http://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	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

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

### Research in Nondestructive Evaluation (RNDE®) Individual Subscription

*RNDE*® is ASNT's quarterly research journal.

Print Subscription — for current volume

Electronic Subscription — for current volume

Print and Electronic Subscription — *a savings of \$35*

\$55

\$55

\$75

**With Airmail Service Included**

\$129

\$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 Educational 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

- 0–5
- 6–10
- 11–15
- 16–20
- 21 & over

5. Number of people involved with NDT at your company

- 1–5
- 6–20
- 21–50
- 51–100
- over 100

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

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

7. Purchasing Responsibility (select all that apply)

- I recommend/approve purchase of equipment/instruments/supplies
- I recommend/approve purchase of training & study materials/programs
- I recommend purchase of services
- I am not involved in purchasing

8. With which NDT method(s) do you work? (select all that apply)

- Acoustic Emission
- Liquid Penetrant
- Alternating Current Field Measurement
- Magnetic Flux Leakage
- Magnetic Particle
- Electromagnetic/Eddy Current
- Neutron Radiography
- Ground Penetrating Radar
- Radiography
- Infrared & Thermal
- Ultrasonics
- Laser
- Vibration Analysis
- Leak
- Visual

9. Choose the one business industry segment that best describes your company. (select only one)

*NDT Utilization Business*

- Aerospace/Aviation/Aircraft
- Medical
- Amusement Rides & Skiing
- Nuclear
- Automotive
- Optical
- Chemical & Petroleum
- Ordnance
- Construction
- Pipeline
- Commercial Labs
- Pulp/Paper
- Infrastructure (Roads & Bridges)
- Railroad
- Electronics
- Semi Conductor
- Marine
- Utilities

*NDT Supplier Business*

- Consulting
- Robotics
- Distributor/Manufacturers' Representative
- Supplies
- Equipment
- Training
- Research
- Computer Software
- Computer Hardware

10. Choose the primary type of application 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
- ASNT NDT Level III
- Level I
- ACCP Level II
- Level II
- ACCP Level III
- Level III
- IRRSP
- Other \_\_\_\_\_

**For Questions Contact the Membership Department at:**

Phone **614.274.6003**

Toll Free **800.222.2768** (US/Canada)