PED Web Listing Request

((*To be submitted* **AFTER** *you have received your new PED Approval certificates*)

I, _____, hereby authorize the American Society for
(PRINT NAME)
Nondestructive Testing, Inc (ASNT) to publish the information shown below on the ASNT PED Certificate Holders web page.

_____ SIGNATURE

_____ DATE

_____ PRINTED NAME

_____ ASNT CERTIFICATION NUMBER

_____ PED CERTIFICATION NUMBER

_____ Expiration Date

PED WEB LISTING AUTHORIZATION

The following information will be posted following signature of the release above:

Name: _____

Company: _____

Address 1: _____

Address 2: _____

PED compliant Test Methods:

☐ **MT** ☐ **PT** ☐ **RT** ☐ **UT**

Certification Level: ☐ **II** ☐ **III**

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____

Country: _____ **Phone:** _____ **Fax:** _____

E-mail Address: _____ **Web site:** _____

Return this completed form
and copies of your current PED Approval certificates **to:**

ASNT Technical Services Dept.
1711 Arlingate Lane
Columbus, OH 43228
FAX: (614) 274-6899

E-mail: clongo@asnt.org