



ACCP Level II Continued Employment Documentation

Use this form 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 #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 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
____ Months | <input type="checkbox"/> PT
____ Months | <input type="checkbox"/> RT
____ Months | <input type="checkbox"/> UT
____ Months | <input type="checkbox"/> VT
____ 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

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

Name

Last First Middle Init. 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 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 ____ Months	<input type="checkbox"/> PT ____ Months	<input type="checkbox"/> RT ____ Months	<input type="checkbox"/> UT ____ Months	<input type="checkbox"/> VT ____ Months
<input type="checkbox"/> Bench	Post-emulsifiable	Gamma	Castings/Forgings	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	

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

Name

Last First Middle Init. 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 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 ____ Months	<input type="checkbox"/> PT ____ Months	<input type="checkbox"/> RT ____ Months	<input type="checkbox"/> UT ____ Months	<input type="checkbox"/> VT ____ 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

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

Name

Last

First

Middle Init.

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 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.

MT

PT

RT

UT

VT

Months

Months

Months

Months

Months

Bench

Post-emulsifiable

Gamma

Castings/Forgings

Direct

Yoke

Solvent-removable

X-ray

Welds

Remote

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

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

Name

Last

First

Middle Init.

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 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.

MT

PT

RT

UT

VT

Months

Months

Months

Months

Months

Bench

Post-emulsifiable

Gamma

Castings/Forgings

Direct

Yoke

Solvent-removable

X-ray

Welds

Remote

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