ACCP Results Release Authorization

(Required for all Level II personnel)

I, _____, hereby authorize the American Society for
(PRINT NAME)
Nondestructive Testing, Inc (ASNT) to release such ACCP examination results as necessary to permit me to apply to TÜV NORD Systems GmbH & Co. KG, Certification Body for NDT-Personnel, for approval to perform NDT tasks under the European Pressure Equipment Directive, 97/23/EC.

I understand that this information will be provided to TÜV NORD for the sole purpose of satisfying TÜV NORD requirements for accreditation as a certification body and that this information will remain confidential and not be distributed further.

_____ SIGNATURE

_____ DATE

_____ PRINTED NAME

_____ ASNT CERTIFICATION NUMBER

_____ PED CERTIFICATION NUMBER

Return this completed form to:

ASNT Technical Services Dept.
1711 Arlingate Lane
Columbus, OH 43228
FAX: (614) 274-6899
E-mail: clongo@asnt.org