



**NOMINATION FORM Lou DiValerio Technician of the Year Recognition**

Nominee Name

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ASNT Member Number

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Home Address

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Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer

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Business Address

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Position/Title

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Supervisor's Name

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Supervisor's Title

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Supervisor's Phone

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**1. SECTION PARTICIPATION**

a) Current section affiliation

b) Number of meetings attended in last year

c) Officer positions held and dates

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**2. SERVICE**

a) Educational program(s) instructor/speaker

Title/Date \_\_\_\_\_

Title/Date \_\_\_\_\_

Title/Date \_\_\_\_\_

Title/Date \_\_\_\_\_

b) Technical meeting presentation(s) (do not include future presentations)

Title/Date \_\_\_\_\_

Title/Date \_\_\_\_\_

Title/Date \_\_\_\_\_

Title/Date \_\_\_\_\_

c) Council Activity

Position Held/Dates \_\_\_\_\_

Position Held/Dates \_\_\_\_\_

Position Held/Dates \_\_\_\_\_

Position Held/Dates \_\_\_\_\_

d) Number of National Meetings/Conferences attended this year or last year \_\_\_\_\_

e) Published technical papers (or accepted for publication) in *Materials Evaluation* or *The NDT Technician*

Title/Month/Year \_\_\_\_\_

Title/Month/Year \_\_\_\_\_

Title/Month/Year \_\_\_\_\_

Title/Month/Year \_\_\_\_\_

f) Regional/National Director positions held

Title/Dates \_\_\_\_\_

Title/Dates \_\_\_\_\_

Title/Dates \_\_\_\_\_

Title/Dates \_\_\_\_\_

**3. JOB RELATED ACCOMPLISHMENTS**

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**4. CERTIFICATIONS** (please provide copies of certificates)

a)

	<u>ASNT/ACCP*</u>	<u>ACCP*</u>	<u>EMPLOYER BASED</u>		
	LEVEL III	LEVEL II	LEVEL III	LEVEL II	LEVEL
IAE	( )	( )	( )	( )	( )
ET	( )	( )	( )	( )	( )
LT	( )	( )	( )	( )	( )
PT	( )	( )	( )	( )	( )
MT	( )	( )	( )	( )	( )
NRT	( )	( )	( )	( )	( )
RT	( )	( )	( )	( )	( )
TIR	( )	( )	( )	( )	( )
UT	( )	( )	( )	( )	( )
VA	( )	( )	( )	( )	( )
VT	( )	( )	( )	( )	( )

\* ASNT Central Certification Program

b) Other certifications (i.e. CWI, CQE, CQA, CQT) \_\_\_\_\_

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c) Continuing Education Units in related technology to NDT \_\_\_\_\_

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**ENDORSEMENTS**

- a) Attach required employer letter of endorsement
  
- b) Attach letter of endorsement from your location section (signed by Section Chair or Representative)

**5. NARRATIVE OF ACCOMPLISHMENT(S)** which resulted in nomination for Technician of the Year Recognition

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**6. NUMBER OF YEARS IN PROFESSION** \_\_\_\_\_

**7. YEARS OF EXPERIENCE IN NDT**

AE \_\_\_\_\_ ET \_\_\_\_\_ LT \_\_\_\_\_ PT \_\_\_\_\_ MT \_\_\_\_\_ NRT \_\_\_\_\_ RT \_\_\_\_\_ TIR \_\_\_\_\_

UT \_\_\_\_\_ VA \_\_\_\_\_ VT \_\_\_\_\_ Other \_\_\_\_\_

**8. PROFESSIONAL SERVICE AWARDS**

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