



## **ACCP Level II**

### **Required Forms Instructions**

1. Print Forms
2. Complete forms in dark blue or black ink.
3. Save each form in digital format. File names must be less than 64 characters.
4. Upload forms when instructed during the online application process.
5. Color Digital Photo (Headshot) is also required. Photo must be a passport or license-style headshot. Photos may be taken on devices such as a personal digital camera, cell phone or webcam. Preferred format is .jpg (.gif or .png also accepted)

### **You must complete the online application.**

Do not mail, fax or email these documents to ASNT. Return to the website and complete the online application and upload these documents when instructed by the application process.

These forms are required. Failure to submit will delay the approval process or result in denial of approval.



## Signature Form

Candidate Name \_\_\_\_\_ ASNT ID \_\_\_\_\_

ASNT must have a record of your signature on file.

- Please sign your name in the box below.
- Use black or dark blue ink only.
- Keep your signature completely within the lines or you will be required to submit another signature.
- Save this document electronically to be uploaded during the application process.

## Minimum Training Requirements

Use this table to find the minimum training required for ACCP™ Level II certification in each method. Enter the amount of training you are claiming to meet the requirements.

Training	MT	PT	RT	UT	VT
Hours Required	40	40	120	120	24
Hours Claimed					

**Training hours** may include both practical and theory courses. Practical training may not make up more than 50% of the overall Level II training curriculum.

You must **attach documentation** for the minimum amount of training required. Attach copies of training certificates, letters of completion, or company training records. A signed statement attesting to completion of training from a company executive, an individual responsible for training, or an ASNT Level III or ACCP™ Professional Level III is also acceptable if it clearly lists training hours. All documentation must be in English or accompanied by an English translation.

## Minimum Experience Requirements

Use this table to find the minimum experience required for ACCP™ Level II certification in each method. Enter the amount of experience you are claiming to meet the requirements. Use the next page to document the individual positions in which experience was obtained.

**Total hours in method** experience shall be based on the actual hours worked in the specific method. Total hours in method must be met for each method when applying for more than one method. While fulfilling **total hours in NDT** experience requirement, experience may be gained in more than one method.

Experience		MT	PT	RT	UT	VT
Hours Required	Total Hours in Method	265	200	800	800	200
	Total Hours in NDT	530	400	1600	1600	400
Hours Claimed	Total Hours in Method					
	Total Hours in NDT					

*Industrial experience may be obtained either prior to or following successful completion of an ACCP examination. If you plan to obtain the required experience following the exams, enter an "X" in the appropriate boxes above.* In the event that experience is sought following the examination, the examination results shall be valid for up to one year for MT, PT, and VT and two years for RT and UT. You will need to submit documentation of experience to ASNT during this time.

## Experience

Photocopy this page as necessary to list your experience history. If submitting experience from more than one employer, submit experience in reverse chronological order, beginning with Position 1. ASNT Central Certification requires sufficient NDT experience to meet the minimum experience requirements in the method(s) for which you are applying. Acceptable documents include employer or third-party certificates or certification records, human resources records, a signed statement from the employer or responsible Level III, a signed statement from an ASNT Level III or ACCP Professional 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

\_\_\_\_\_  
First, Middle, Last

\_\_\_\_\_  
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 methods below where NDT job functions were performed by the candidate named above and indicate the number of hours claimed for each.

MT

PT

RT

UT

VT

Hours \_\_\_\_\_

Hours \_\_\_\_\_

Hours \_\_\_\_\_

Hours \_\_\_\_\_

Hours \_\_\_\_\_

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

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

## Statement Option

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)

\_\_\_\_\_  
Title

**\*\*\* Vision examinations are the responsibility of the employer. \*\*\***