

Industrial Radiography Radiation Safety Personnel Certification Application



ASNT Identification Number

If you have previously been given an ASNT identification number, please enter it in this box:

Contact Information

Primary Email Address: _____

You must provide your email address to apply for an ASNT certification. This must belong to you and cannot be a shared email address. It will be used for all ASNT communications and will be your user name for www.asnt.org.

Name – Print your name as it appears on your identification

Prefix (Mr, Ms) _____ First (Given) Name _____ Middle (Additional) Name _____ Last Name (Family Name/Surname) _____ Suffix (Jr, Sr, II) _____

Address – Print your mailing address. This address will be used for your certification materials.

Address Type: Home Business

Organization Name _____

Address _____

Address _____

City _____

State/Prov. _____

ZIP/Postal Code _____

Country _____

Additional Contact Information

Primary Phone _____

Alternative Phone _____

Alternate Email Address _____

Exams and Fees – Price includes all fees including the sitting fees.

Exam	ASNT Members		Non-Members**		Total Fee
	New	Retake	New	Retake	
Radioactive Materials (RAM)	\$343	\$303	\$363	\$323	
X-ray					
Combo (Ram/X-ray)					
Membership Option	**Take advantage of member pricing now by completing the Membership Application and include here:				
Total Due					

Payment - Applications will not be processed without payment

Visa
 MasterCard
 Discover
 American Express

Check

Checks must be in US dollars and drawn on a US bank.

Name on Card _____

Card Number _____

Expiration Date _____

CIN Number* _____

Signature _____

Date _____

*Credit Card Identification Number: Visa/MasterCard/Discover: The three-digit number is printed on the signature panel on the back of the card following the account number. American Express: The four-digit number is printed above the account number on the front of the card.

Employment History

Candidate Name _____ ASNT ID _____

Provide the name of the employer, address, dates of employment, and hours of active participation in performing (RAM - 320 hours; x-ray - 160 hours; Both - 480 hours) accumulated by category (i.e. RAM or x-ray) along with applicable documentation. Documentation may be verified on this form by a current Radiation Safety Officer (RSO) or company personnel officer who has reviewed your radiation employment history. Photocopies of past radiation employment records, or other suitable, traceable documentation are also acceptable. **ASNT will review all documentation submitted.**

Position # 1

Dates of Employment

Start Date End Date Total Time (Months)

Organization Name _____

Organization Address _____ City _____ State/Province _____ ZIP/Postal Code _____

Category and Hours of Experience (check more than one if applicable):

Radioactive Material (RAM) Hours: _____ X-ray Hours: _____

Please provide documentation of employment. Check the appropriate box describing documentation.

Verification _____
Name of Past Employer or Knowledgeable Verifier (Please Print)

Signature of Past Employer or Knowledgeable Verifier _____ Relationship _____ Date _____

Other documentation (please describe) _____

Document additional positions on next page

Employment History

Candidate Name _____ ASNT ID _____

Position # 2

Dates of Employment

Start Date End Date Total Time (Months)

Organization Name _____

Organization Address _____

City _____

State/Province _____

ZIP/Postal Code _____

Category and Hours of Experience (check more than one if applicable):

Radioactive Material (RAM) Hours: _____ X-ray Hours: _____

Please provide documentation of employment. Check the appropriate box describing documentation.

Verification

Name of Past Employer or Knowledgeable Verifier (Please Print)

Signature of Past Employer or Knowledgeable Verifier

Relationship

Date

Other documentation (please describe) _____

Position # 3

Dates of Employment

Start Date End Date Total Time (Months)

Organization Name _____

Organization Address _____

City _____

State/Province _____

ZIP/Postal Code _____

Category and Hours of Experience (check more than one if applicable):

Radioactive Material (RAM) Hours: _____ X-ray Hours: _____

Please provide documentation of employment. Check the appropriate box describing documentation.

Verification

Name of Past Employer or Knowledgeable Verifier (Please Print)

Signature of Past Employer or Knowledgeable Verifier

Relationship

Date

Other documentation (please describe) _____

Document additional positions on next page

Employment History

Candidate Name _____ ASNT ID _____

Position # 4

Dates of Employment

Start Date End Date Total Time (Months)

Organization Name _____

Organization Address _____

City _____

State/Province _____

ZIP/Postal Code _____

Category and Hours of Experience (check more than one if applicable):

Radioactive Material (RAM) Hours: _____ X-ray Hours: _____

Please provide documentation of employment. Check the appropriate box describing documentation.

Verification

Name of Past Employer or Knowledgeable Verifier (Please Print)

Signature of Past Employer or Knowledgeable Verifier

Relationship

Date

Other documentation (please describe) _____

Position # 5

Dates of Employment

Start Date End Date Total Time (Months)

Organization Name _____

Organization Address _____

City _____

State/Province _____

ZIP/Postal Code _____

Category and Hours of Experience (check more than one if applicable):

Radioactive Material (RAM) Hours: _____ X-ray Hours: _____

Please provide documentation of employment. Check the appropriate box describing documentation.

Verification

Name of Past Employer or Knowledgeable Verifier (Please Print)

Signature of Past Employer or Knowledgeable Verifier

Relationship

Date

Other documentation (please describe) _____

Training History

List applicable radiation safety programs you have completed. Training programs could be from a community college, licensee, or other course provider. You must **submit documentation** for at least 40 hours of instruction in the radiation safety topics described in 10 CFR 34.43 (g) for RAM or RAM/X-ray. You must **submit documentation** for at least 40 hours of instruction in the radiation safety topics described in the Suggested State Regulations for Control of Radiation (SSRCR) Part E, E.17(g) for X-ray only. Such training can be classroom instructor led, computer based or blended, provided by an institute recognized by ASNT. Documentation can be a certificate or statement signed by the course provider clearly listing the hours of attendance and agency license/registration number. Mark program 1, 2 etc. on the appropriate documentation. **ASNT will review and verify all documentation submitted.**

Program 1

Organization	Dates of Training	Total Hours
Organization Address		
City	State/Prov.	ZIP/Postal Code
Country		

Program 2

Organization	Dates of Training	Total Hours
Organization Address		
City	State/Prov.	ZIP/Postal Code
Country		

Program 3

Organization	Dates of Training	Total Hours
Organization Address		
City	State/Prov.	ZIP/Postal Code
Country		

Statement Requirements

Signature on this form acknowledges that the candidate subscribes to the following:

If certified by ASNT, I agree to abide by the ASNT Industrial Radiography Radiation Safety Personnel (IRRSP) Rules of Conduct as interpreted by ASNT for the period of the Certification. I acknowledge that ASNT Industrial Radiography Radiation Safety Personnel Certification is not a personal or property right to which I am entitled, but is recognition which is granted by ASNT on the basis of my qualifications, successful completion of examinations, and my willingness to abide by and be governed by the ASNT Industrial Radiography Radiation Safety Personnel Rules of Conduct for the term of Certification. As such, I agree that ASNT, upon written complaint, notice, and hearing, may censure me or suspend or revoke the ASNT Industrial Radiography Radiation Personnel Certification in the event of a determination that I have violated the rules governing the ASNT Industrial Radiography Radiation Safety Personnel Certification. I further agree that Certification which may result from this application arises solely pursuant to the requirement set forth by The American Society for Nondestructive Testing, Inc. and does not constitute any form of license issued by federal, state, local regulatory, or governing body. I further acknowledge that any requirement for ASNT Certification is within the sole discretion of any government authority, public or private employer who specifies this status as a condition of employment or other qualification. I hereby attest that all entries made on the application form are true and correct, and no information that might be detrimental to my Certification has been withheld. ASNT may make any inquiries necessary to determine my qualifications for Certification. I agree to abide by the decision of ASNT relative to the

granting of the ASNT Industrial Radiography Radiation Safety Personnel Certification, as applied.

In consideration of the acceptance and processing of my application for ASNT Industrial Radiography Radiation Safety Personnel Certification, I release and forever discharge The American Society for Nondestructive Testing, Inc. (ASNT), its directors, officers, members and employees from any and all liabilities, claims, demands, or causes of action whatsoever, which now exist or which may arise as a result of my activities or actions as an ASNT Industrial Radiography Radiation Safety Personnel certified individual. In addition, I agree to indemnify and hold harmless ASNT from any claims by third parties asserted against ASNT as a result of the ASNT Certification granted to me. I have read and understand the current ASNT Refund Policy.

Upon certification I agree to comply with the relevant provisions of the certification scheme, to make claims regarding certification only with respect to the scope for which certification is granted, not to use the certification in such a manner as to bring ASNT into disrepute, and not to make any statement regarding the certification which ASNT may consider misleading or unauthorized, to discontinue the use of all claims to certification that contains any reference to ASNT or ASNT certification upon suspension or withdrawal of certification, and to return any certificates issued by ASNT, and not to use the certificate in a misleading manner

Print Name of Applicant

Print Name of Witness

Signature of Applicant

Signature of Witness

Date

Date

Wallet Card Signature

In the event that you meet all IRRSP certification requirements, ASNT will issue you a wallet card including your certification and expiration date, photograph, and signature. Your signature on this page will be used for your wallet card.

**Please sign your name in the box below.
Use black or blue ink only.
Keep your signature completely within the lines or
you will be required to submit another signature.**



Examination Results

Examination results will be sent to all candidates within 30 business days from the date of their examination. Successful candidates will be notified in writing by ASNT that they are ASNT Certified IRRSP individuals and will receive an ASNT IRRSP wallet card attesting to that fact.

Candidates failing their examination will be sent a Results Letter stating that they have not passed their examination. The Results Letter will include a bar chart showing how the candidate performed in each of the major topics covered by the examination. As noted on the letter, the percentages shown on each line are for only those questions within that topic and they cannot be averaged to get the candidate's overall score.

Candidate scores are based on 80 psychometrically developed questions; 20 "provisional" questions that will not be graded are included in the 100-question examination in undisclosed positions so that field statistics can be generated for these questions. This is part of the psychometric development process and is required prior to using new or revised questions for scoring purposes. The percentages shown in the bar chart on the Results Letter are based on the 80 scored items only; provisional questions are not included.

NOTICE: You may request accommodations during testing for special needs by contacting ASNT.

Photos

Attach two (2) headshot photos here or email certifications@asnt.org digital photos with your name and ASNT id.



IRRSP Certification

ASNT's Industrial Radiography Radiation Safety Personnel (IRRSP) certification program meets the guidelines and criteria of the NRC as stated in 10 CFR Part 34 for industrial radiography.

Qualification Requirements

Applicants must provide documentation to satisfy qualification requirements in the following five areas:

- (1) Successfully complete at least 40 hours of instruction in radiation safety topics as defined by the US Nuclear Regulatory Commission (USNRC) in USNRC 10 CFR Part 34, or Agreement State Regulations, or other jurisdictional authority (documentation required) for RAM or RAM/X-ray. Successfully complete at least 40 hours of instruction in the radiation safety topics described in the Suggested State Regulations for Control of Radiation (SSRCR) Part E, E.17(g) for X-ray only. Such training can be classroom instructor led, computer based or blended, provided by an institute recognized by ASNT. Documentation can be a certificate or statement signed by the course provider clearly listing the hours of attendance and agency license/registration number. **ASNT will verify all documentation submitted.**
- (2) Accumulate:

RAM	320 hours of active participation in performing gamma ray category (Radioactive Materials, RAM)
X-ray	160 hours of active participation in performing x-ray category, or;
Both	480 hours consisting of 320 hours in RAM and 160 hours in x-ray.

Experience must be acquired under the control of a license granted by the USNRC, by an Agreement State for gamma-radiation, or by a jurisdictional authority for x-radiation (documentation required). Documentation can be photocopies of past radiation employment records, or other suitable, traceable documentation is also acceptable. **ASNT will verify all documentation submitted.**

- (3) Submit a fully completed IRRSP application form, required fees, and two copies of a 1-1/2 by 1 1/2 in. (4 by 4 cm) color passport photograph of the applicant.
- (4) Submit a practical examination for the applicable method(s) (gamma ray, x-ray, or both), administered by an ASNT recognized institution documented and mailed to ASNT within six months of the written exam. Institutions recognized by ASNT are government or private institutions licensed by the USNRC or Agreement States for gamma-radiation and by appropriate jurisdictional authorities for x-ray devices.
- (5) Acknowledge and agree to abide by the ASNT IRRSP Rules of Conduct. These rules apply to individuals who successfully complete the certification program requirements. These rules are necessary to protect the health and safety of ASNT certified individuals, other workers, and the integrity of this certification program.

Requalification Requirements

- (1) Requalification shall occur every five (5) years by examination.
- (2) Two current passport-type photographs must be submitted when applying for recertification.
- (3) Annual radiation safety refresher training shall be the responsibility of the employer.

Submit Application with payment

Online Submit your documentation and fees securely on ASNT Website

Fax or E-Mail

Or, if paying by credit card, you may fax this application, attachments, and fees to ASNT at:

614-274-6899 or E-Mail to customersupport@asnt.org

Mail this application, attachments, and fees to ASNT at:

ASNT
1711 Arlingate Lane
Columbus, OH
43228-0518 US

Make checks payable to ASNT.

Please do **not** submit your application more than once.

Rules of Conduct

1. Purpose and Scope

- 1.1. The following ASNT IRRSP Rules of Conduct are applicable to those individuals who possess a current ASNT IRRSP Certification. These rules of conduct are considered necessary to protect the health and safety of the ASNT IRRSP certified individual, other workers, and the general public from the effects of ionizing radiation. These rules of conduct are also considered necessary to maintain the integrity of the ASNT IRRSP Certification Program.

2. Rules of Conduct

The ASNT IRRSP certified individual agrees to:

- 2.1. Maintain high standards of skills and knowledge of radiation safety and implement them in accordance with the USNRC or Agreement State regulations for isotopes or appropriate jurisdictional authority regulations for x-ray devices and the employer's radiation safety procedures.
- 2.2. Assume responsibility for radiation safety for the radiation producing equipment, only after completion of the required training and experience as stated by the employer's radiation safety procedures for the radiation producing equipment used.
- 2.3. Promptly inform the employer and/or proper authority of any activity that causes, or may cause, the violation of the employer's radiation safety procedures or the USNRC or Agreement State regulations for isotopes or the appropriate jurisdictional authority regulations for x-ray devices.
- 2.4. Minimize and maintain radiation exposures as low as reasonably achievable.
- 2.5. Wear and maintain personnel radiation monitoring devices as required by the employer's radiation safety procedures.
- 2.6. Maintain accurate knowledge of current personal radiation exposure and not exceed the required limits without written authorization from the employer as permitted by the regulations.
- 2.7. Accurately complete and maintain, in a timely manner, the required radiation safety documentation.
- 2.8. Always perform radiation surveys using the required instrumentation, and properly identify, control, and monitor the radiation areas and high radiation areas in the manner stated by the employer's radiation safety procedures.
- 2.9. Maintain current ASNT IRRSP Certification, when required, and not represent one's self as ASNT IRRSP certified without a current ASNT IRRSP Certification for the radiation producing equipment required to use.
- 2.10. Never misuse the ASNT IRRSP Certification.
- 2.11. Avoid conflicts of interest involving radiation safety with his/her employer and promptly disclose all such unavoidable circumstances to the employer and the proper authorities.
- 2.12. Refuse to accept gratuities or bribes which are associated with performance of radiation safety duties.
- 2.13. Never falsify or misrepresent his/her, or any other industrial radiography person's radiation safety qualifications and never knowingly allow others to falsify or misrepresent his/her radiation safety qualifications.
- 2.14. Neither associate with or knowingly participate in a fraudulent or dishonest radiation safety venture and never perform radiation safety duties in a fraudulent manner.
- 2.15. Refuse to falsify any radiation safety documents and refuse to sign such documents for which he/she does not have personal knowledge.
- 2.16. Refuse to testify or issue statements or arguments on radiation safety matters unless they are founded on adequate knowledge of the facts and technical competence.
- 2.17. Never operate radiation producing equipment or perform radiation safety duties while under the influence of legal or illegal mood-altering substances.

Transfer / Cancellation / Refund Policy

All ASNT examinations are required to be taken within one calendar year from the date on the original Letter of Notification or Letter of Approval sent to the applicant. Failure to take examinations within that one-year period will result in forfeiture of all fees to ASNT.

For computer-based testing exams, scheduled exams can be rescheduled 48 hours prior to the appointment without any additional fees. If you reschedule less than 48 hours prior to your scheduled exam, then the sitting fee portion of your fees plus a \$75 administrative fee per exam will apply.

Transfers of applications may be subject to a \$75.00 administrative fee PER EXAMINATION. A transferring applicant must remit those administrative fees to ASNT prior to the rescheduled examination. No examination attendance will be permitted unless all fees are paid

Cancelling applicants will receive a refund less the \$75.00 administrative fee.

Failure to show up ("No Shows") for scheduled examinations will result in forfeiture of the fees for the missed examinations. If an examination application is received and the applicant is found to be unqualified to take the examination, a refund will be issued less an administrative fee of \$75.00 PER EXAMINATION. All Exam sitting fees will be refunded.

All requests for transfers or cancellations must be submitted in writing to ASNT and be signed by the person registered for the examination. A signed fax transmittal is acceptable. Membership Fees are non-refundable and non-transferable.



IRRSP Candidate Performance Evaluation (Practical Examination)

Equipment used for these exams must be capable of simulating actual work conditions

Submit this form for the applicable method(s) (gamma ray or x-ray, or combination). Performance evaluations must be administered by either a current RSO or their approved representative, or an ASNT recognized institution. The performance evaluation must be documented and mailed to ASNT within six months of the written exam. Institutions recognized by ASNT are government or private institutions licensed by the USNRC or registered by an Agreement State for gamma radiation and by appropriate jurisdictional authorities for x-ray devices. Each performance review must be signed by the RSO.

Indicate to which of the following the practical examination applies: RAM X-ray
(Combination exams require the submittal of both RAM and X-ray practical exams.)

Name of IRRSP Candidate: _____

Radiographic Location: _____ Date: _____ Time: _____

RAM Radiation Source (Ir-192, Co-60, etc.): _____ Curies: _____ Source Serial No.: _____

Exposure Device Serial No.: _____ Exposure Device Model No.: _____

X-Ray Radiation Source: _____ kV: _____ X-Ray Tube Serial No.: _____

Exposure Device Serial No.: _____ Exposure Device Model No.: _____

Survey Meter Model No.: _____ Serial No.: _____ Calibration. Due: _____

RSO or other Authority Administering Examination: _____

Printed Name

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Was the candidate radiographer wearing the required personnel monitoring devices? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were other individuals working within the restricted area wearing the required personnel monitoring devices? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the restricted area properly controlled to prevent unauthorized entry? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was the radiation area posted with "CAUTION" "RADIATION AREA" signs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was the high radiation area posted with "CAUTION" or (DANGER) "HIGH RADIATION AREA" signs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did the candidate have a calibrated and properly operating survey meter? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was a utilization log properly completed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did the candidate have sufficient knowledge of radiation safety and security rules as ascertained by oral inquiry? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did the candidate perform the required equipment checks prior to operation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did the candidate properly establish the controlled area and complete the required survey record? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 11. Did the candidate properly survey the entire exposure device and source tube (radioisotope) or area (X-ray)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Was the radiation producing equipment returned to storage properly or locked / secured to prevent unauthorized access, removal, or use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Was the storage area posted with "CAUTION" (or DANGER) "Radioactive Material" sign (radioisotope only)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Did the candidate have ready access to operating and emergency procedures and regulations for protection against ionizing radiation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Were there any items of concern other than those listed on this form? (If any, explain in "Remarks.") | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Did the candidate utilize proper techniques to maintain radiation doses As Low as Reasonably Achievable (ALARA)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The candidate's performance was:

- Satisfactory
- Unsatisfactory, needs additional training
- Unsatisfactory, further activities prohibited
- If applicable, instruction provided

Remarks:

Practical Conducted By: _____ Date _____

Print Name

Signature

Certified By (RSO): _____ Date _____

Print Name

Signature



ASNT Individual Membership Application

Source Code WEB

Please complete both sides of this form.

Member Information

Last Name First Name M.I. Mr./Ms.

Home Address

City State Zip/Postal Code

Country Phone Fax

Cell Phone Home E-mail

Company Name

Company Address

City State Zip/Postal Code

Country Business Phone Business Fax

Business E-mail

Send Materials to: Home Office

If recruited, by whom? _____

Local Section (Chapter) Choice _____

Choices posted online at asnt.org/sections

Member Profile

1. Date of Birth _____

2. Gender Male Female

3. Education (Check highest level)

	Enrolled	Completed
High School	<input type="radio"/>	<input type="radio"/>
Some College	<input type="radio"/>	<input type="radio"/>
2-Year Associate Degree	<input type="radio"/>	<input type="radio"/>
4-Year Bachelor Degree	<input type="radio"/>	<input type="radio"/>
Master's Degree	<input type="radio"/>	<input type="radio"/>
Doctorate Degree	<input type="radio"/>	<input type="radio"/>

If enrolled, expected graduation date _____

4. Years of Experience in NDT

0-5 6-10 11-15 16-20 21 & over

5. Number of people involved with NDT at your company

1-5 6-20 21-50 51-100 over 100

6. What is your job title? _____

7. Your Job Function—Choose the one which best describes your role. (select only one)

<input type="radio"/> Academic/Educator	<input type="radio"/> Sales/Marketing
<input type="radio"/> Consultant	<input type="radio"/> Student
<input type="radio"/> Engineer	<input type="radio"/> Technician/Inspector
<input type="radio"/> NDT Management	<input type="radio"/> Trainer/Instructor
<input type="radio"/> Researcher	<input type="radio"/> Quality Management

8. Purchasing Responsibility (select all that apply)

- I recommend/approve purchase of equipment/instruments/supplies
- I recommend/approve purchase of training & study materials/programs
- I recommend purchase of services
- I am not involved in purchasing

9. With which NDT method(s) do you work? (select all that apply)

- | | |
|---|---|
| <input type="radio"/> Acoustic Emission | <input type="radio"/> Liquid Penetrant |
| <input type="radio"/> Alternating Current Field Measurement | <input type="radio"/> Magnetic Flux Leakage |
| <input type="radio"/> Electromagnetic/Eddy Current | <input type="radio"/> Magnetic Particle |
| <input type="radio"/> Ground Penetrating Radar | <input type="radio"/> Microwave |
| <input type="radio"/> Guided Wave | <input type="radio"/> Neutron Radiography |
| <input type="radio"/> Infrared & Thermal | <input type="radio"/> Radiography |
| <input type="radio"/> Laser | <input type="radio"/> Ultrasonics |
| <input type="radio"/> Leak | <input type="radio"/> Vibration Analysis |
| | <input type="radio"/> Visual |

Complete both sides of this form and mail or fax to:
 ASNT, PO Box 28518, Columbus, OH USA 43228-0518
 Fax 614.274.6899
 Join online at asnt.org

For Questions Contact Customer Service:

Phone 614.274.6003

Toll Free 800.222.2768 (US/Canada)

Last Name

First Name

Member Profile continued

10. Choose the primary business industry segment that best describes your company. (select only one)

NDT Utilization Business

- Aerospace/Aviation/Aircraft
- Amusement Rides & Skiing
- Automotive
- Chemical & Petroleum
- Construction
- Commercial Labs
- Infrastructure (Roads & Bridges)
- Electronics
- Marine
- Medical
- Nuclear
- Optical
- Ordnance
- Pipeline
- Pulp/Paper
- Railroad
- Semi Conductor
- Utilities

NDT Supplier Business

- Consulting
- Distributor/Manufacturers' Representative
- Equipment
- Research
- Robotics
- Supplies
- Training
- Computer Software
- Computer Hardware

11. Choose the primary type of application of NDT that you do? (select only one)

- Design and Failure Analysis
- Field Inspection
- Incoming Inspection
- In-service, Plant/Operation Maintenance & Process Control
- Product Life Extension
- QA/QC Reliability
- None of the above

12. Highest Level of NDT qualification. (select only one)

- None
- Level I
- Level II
- Level III
- Other _____
- ASNT NDT Level III
- ACCP Level II
- ACCP Level III
- IRRSP

Membership Categories

- | | Dues | Dues, plus optional Airmail |
|---|--------------------------------|--------------------------------|
| Student (1 year; requires proof of full-time student enrollment) | <input type="radio"/> \$ 25.00 | N/A |
| New NDT Professional (1 year; early career with less than 5 years in NDT) | <input type="radio"/> \$ 40.00 | N/A |
| NDT Professional (1 year) | <input type="radio"/> \$100.00 | <input type="radio"/> \$148.00 |
| NDT Professional (2 years) | <input type="radio"/> \$190.00 | <input type="radio"/> \$286.00 |
| NDT Professional (3 years) | <input type="radio"/> \$270.00 | <input type="radio"/> \$414.00 |
| NDT Professional (5 years) | <input type="radio"/> \$425.00 | <input type="radio"/> \$665.00 |
| Active Military (1 year; active service members) | <input type="radio"/> \$ 40.00 | N/A |
| Retired (1 year; eligibility verification required) | <input type="radio"/> \$ 35.00 | N/A |
| Lifetime (eligibility verification required) | <input type="radio"/> \$800.00 | N/A |

Dues are nonrefundable, nontransferable. Includes subscription to *Materials Evaluation* and *The NDT Technician*, a quarterly newsletter.

Student and New NDT Professional members receive periodical subscriptions electronically only.

For members outside North America: Unless airmail is purchased, all printed periodical subscriptions will be sent sea/surface mail; allow 3-4 months for delivery.

Research in Nondestructive Evaluation (RNDE®) Subscription

RNDE® is ASNT's bi-monthly research journal.

- | | Subscription | Subscription, plus optional Airmail |
|--|--------------------------------|-------------------------------------|
| Print Subscription | <input type="radio"/> \$ 85.00 | <input type="radio"/> \$206.00 |
| Electronic Subscription | <input type="radio"/> \$ 85.00 | <input type="radio"/> \$226.00 |
| Print and Electronic Subscription — a savings of \$65 | <input type="radio"/> \$105.00 | <input type="radio"/> \$226.00 |

Payment Information

Total Amount Paid \$

All payments including checks and money orders must be made in U.S. funds (dollars) through U.S. Banks.

Form of Payment AmEx MasterCard Visa Discover Check Funds Transfer

Type of Card Personal Business

Account Number _____ Exp. Date _____ CIN* _____

Name on Card Print please _____

Signature _____

Cardholder Information _____

Address, City, State, Zip, Country

* **Credit Card Identification Number.** For Visa/MasterCard/Discover: The three-digit value is printed on the signature panel on the back of cards immediately following the account number. For American Express: 4 digit, non-embossed number printed above your account number on the face of your card.

Return with payment to The American Society for Nondestructive Testing, Inc., PO Box 28518, Columbus OH 43228-0518; Or join online at asnt.org, Fax 614.274.6899, Phone 614.274.6003 or 800.222.2768 US/Canada. Federal ID# 31-1231529.