



Ultrasonic Competition Application

ASNT Identification Number

If you have previously been given an ASNT Identification Number, please enter in this box:

Contact Information

Primary E-mail Address: _____

You must provide your e-mail address to apply for the competition. This must belong to you and cannot be a shared e-mail address. It will be used for all ASNT Certification Services, LLC communications and will be your username for www.asntcertification.org.

Name: Print your name. Your name should match your identification.

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

Address: Print your mailing address.

Address Type: Home Business

Address

City State/Province ZIP/Postal Code Country

Primary Phone Alternate Phone Alternate E-mail Address

UT Competition Level:

Choose the appropriate competition level.

- NDT Level II competitor – Open to current NDT Level II's from any NDT service provider. The candidate should have a UT level II certification to SNT-TC-1A/CP-189 or ISO 9712 and at least 5 years of experience in ultrasonic straight beam corrosion scanning and shear wave scanning for weld defects. Flight 2 competitors are not Level III certified professionals.

- NDT Level III competitor – Open to current NDT Level III's from any NDT service provider. The candidate should have a UT level III certification to SNT-TC-1A/CP-189 or ISO 9712 with experience in ultrasonic straight beam corrosion scanning and shear wave scanning for weld defects.

Position # 2

Dates of Employment:

Start Date

End Date

Total Time (Months)

Organization Name

Employer/Customer Contact Name

Organization Address

City State/Province ZIP/Postal Code Country

Phone Fax E-mail

Ultrasonic Level II/III certification information:

Date Certified: _____

Techniques used: _____

Other Certifications (internal & external): _____

Position # 3

Dates of Employment:

Start Date

End Date

Total Time (Months)

Organization Name

Employer/Customer Contact Name

Organization Address

City State/Province ZIP/Postal Code Country

Phone Fax E-mail

Ultrasonic Level II/III certification information

Date Certified: _____

Techniques used: _____

Other Certifications (internal & external): _____

Submit Application

Application: Fill out the application form in its entirety and email to utcompetition@asnt.org Incomplete applications will not be processed.

Email any questions to utcompetition@asnt.org

Please do not submit your application more than once.