

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 communications.

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

First (Given) Name	Middle (Additional) Name	Last Name (Family Name/Surna	me) Suffix (Jr, Sr, II)
Address: Print your mailing Address Type:			
Address			
City	State/Province	ZIP/Postal Code	Country
Primary Phone	Alternate Phone	Alte	ernate 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. 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.

Ultrasonic Training History:

Education	Dates of Education:			
		Start Date	End Date	Total Time (Months)
Name of Educa	ational Organization			
Organization C	Contact Name			
Organization A	ddress			
City		State/Province	ZIP/Postal Code	Country
Phone		Fax	E-mail	
List the releva	ant Ultrasonic classes c	ompleted with relevant names	and descriptions of the cou	rse.
				<u> </u>

Certification History:

Position # 1

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-r	E-mail	
Ultrasonic Level II/III certificatio	n information"			
Date Certified:				
Techniques used:				
Other Cartifications (internal 8	external):			

Position # 2

	Start Date	End Date	Total Time (Months)
Drganization Name			
Employer/Customer Contact Name			
Drganization Address			
Dity	State/Province	ZIP/Postal Code	Country
Phone	Fax	E-r	mail
Jltrasonic Level II/III certification info	ormation:		
Date Certified:			
Fechniques used:			
Other Certifications (internal & exter	nal):		
Position # 3			
Dates of Employment:	Start Date	End Date	Total Time (Months)
Position # 3 Dates of Employment: Drganization Name Employer/Customer Contact Name	Start Date	End Date	Total Time (Months)
Dates of Employment: Drganization Name Employer/Customer Contact Name	Start Date	End Date	Total Time (Months)
Dates of Employment: Drganization Name Employer/Customer Contact Name Drganization Address	Start Date	End Date	Total Time (Months)
Dates of Employment: Drganization Name Employer/Customer Contact Name Drganization Address		ZIP/Postal Code	
Dates of Employment: Drganization Name Employer/Customer Contact Name Drganization Address	State/Province	ZIP/Postal Code	Country
Dates of Employment: Drganization Name Employer/Customer Contact Name Drganization Address Dity Phone Jltrasonic Level II/III certification infe	State/Province Fax	ZIP/Postal Code	Country
Dates of Employment: Drganization Name	State/Province Fax	ZIP/Postal Code E-1	Country

Submit Application

Application: Fill out the application form in its entirety and email to <u>rstaat@asnt.org</u>. Incomplete applications will not be processed.

Email any questions to rstaat@asnt.org

Please do not submit your application more than once.