

Experience – This section must be filled out.

List in chronological order all employment you wish ASNT to consider as qualifying experience with most recent (including present employer) position first. Use a **separate** form for **each** employer from which you are submitting qualifying experience. Only submit the attestation for your latest certifying employer.

You **must** supply documentary evidence of Initial Level II or equivalent experience (*as described in ASNT's Recommended Practice SNT-TC-1A, paragraph 6.3*) to meet the minimum experience requirements in the method(s) for which you are applying.

You are required to submit documentation supporting your work experience. Acceptable documentation can include: inspection log books, inspection reports, employer or third-party certificates or certification records, human resources records, or, for self-employed personnel, signed statements from at least two (2) customers. **All documentation must be in English or accompanied by an English translation.**

Supporting documents **MUST** state:

1. Level of qualification or Level II job duties
2. Number of months working as a Level II

Other supporting documents that are **NOT** accepted:

1. Certificate of Training / Non-employer issued qualifications
2. Level I certificates

Name	名	姓			
First	Middle	Last	ASNT ID		
Position #	1	Dates of Employment	入职日期	Now	在职月数
公司名称			Start Date	End Date	Total Time (Months)
Organization Name	雇主联系人姓名				
Employer/Customer Contact Name	公司地址				
Organization Address	公司所在城市				
City	公司所在省份	邮编	China		
State/Prov.	City	ZIP/Postal Code	Country		
联系电话 (可以写公司电话也可以写申请人手机)	传真号	申请人邮箱			
Phone	Fax	Email			

List experience (months performing work with Level II qualifications) by method as related to above employer.

Dates of initial Level II Certification for each method: _____

在横线处处列出报考方法所持有的二级证的发证日期, 在下面所列方法后填写在该雇主聘期内所从事对应方法的月份数。(一个月 = 160小时)

AE	___ # of months	IR	___ # of months	LT	___ # of months	RT	___ # of months	ML	___ # of months	VT	120 # of months
ET	___ # of months	NR	___ # of months	PT	___ # of months	UT	120 # of months	MT	120 # of months		

NOTE: 1 month is equivalent to 160 hours

Document the experience gained as a Level II related to the above employer and list the document(s) that are attached to this application providing evidence of Level II certification.

Attached Documents: 需提供额外的证明, 例如雇主出具的工作经验证明或检测报告

Method	Technique	Industry	Application	Role	Dates	
方法	所用技术	应用行业	用到的标准	申请人角色	入职月-日-年	离职月-日-年
			按红框中范例填写表格			
Example:						
UT	Shearwave	Refining	ASME V, Pipe & vessel welds	Level II Tech	1-21-15	1-21-17

Statement of Attestation – This form must be filled out.

Submit this attestation from the employer in which the latest certification was attained. A minimum of 2 signatures shall be provided for certification. The following signed statement attests to the accuracy and validity of the documentary evidence submitted for certification. As an Employer, Level III, NDT Supervisor or Customer, I have reviewed the documentation and understand that any misrepresentation would be considered a breach of the ASNT Code of Ethics.

Employer – A management level representative of the company having direct knowledge of the applicant's duties and being familiar with the company's certification process.

Certifying Level III or NDT Supervisor – The Level III directly responsible for the certification of the applicant. May be an ASNT III, ACCP III, Company III, Responsible III, Level III of Record or 3rd Party Level III. When working in a position comparable to that of a Level II, the NDT Supervisor is the person most responsible for direction of the day to day work of the applicant.

Customer (Self-Employed Only) – Must be a customer having direct knowledge of the applicants inspection duties and abilities. Customer attests that the applicant has performed testing in the method applied for during the specified time period.

Position # 1

<u>EMPLOYER</u> 雇主信息
<u>Name:</u> 雇主姓名
<u>Title:</u> 职位
<u>Relationship To Applicant:</u> 与申请人关系
<u>Dates Covered:</u> 共事起始日期
<u>Email:</u> 邮箱地址
<u>Phone:</u> 联系电话
<u>ASNT ID (if applicable):</u> 此处可不填
<u>Signature:</u> 雇主手写签名

<u>CUSTOMER</u>
<u>Name:</u>
<u>Title:</u>
<u>Relationship To Applicant:</u>
<u>Dates Covered:</u>
<u>Email:</u>
<u>Phone:</u>
<u>ASNT ID (if applicable):</u>
<u>Signature:</u>

<u>CERTIFYING LEVEL III or NDT SUPERVISOR</u> NDT负责人信息: 填写方式同上
<u>Name:</u>
<u>Title:</u>
<u>Relationship To Applicant:</u>
<u>Dates Covered:</u>
<u>Email:</u>
<u>Phone:</u>
<u>ASNT ID (if applicable):</u>
<u>Signature:</u>

<u>CUSTOMER</u>
<u>Name:</u>
<u>Title:</u>
<u>Relationship To Applicant:</u>
<u>Dates Covered:</u>
<u>Email:</u>
<u>Phone:</u>
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<u>Signature:</u>

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Employer/Customer Contact Name			
Organization Address			
City	State/Prov.	ZIP/Postal Code	Country
Phone	Fax	Email	

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