

EXHIBIT 1

APPLICATION FORM FOR ASME DESIGNEE

1. **Applicant's Name:** _____(1)_____

Job Title/Position; _____(2)_____

2. **EMPLOYER:** _____(3)_____

Division/Department: _____(4)_____

Supervisor: _____(5)_____

Employer's Address: _____(6)_____

(Street and/or P. O. Box Number)

_____ (7) _____

(City, State/Province and Zip)

Phone: _____(8)_____ Fax: _____(8)_____ e-mail: _____(8)_____

3. **HOME ADDRESS:** _____(9)_____

Phone: _____(10)_____ Fax: _____(10)_____ e-mail: _____(10)_____

4. **SUPPLEMENT INFORMATION** (11)

PE Registration Yes No State(s):

Professional Organization Grade No. of Years

(12)

Citizenship (The Applicant's citizenship shall be indicated): _____(13)_____

EXHIBIT 1

6. QUALIFYING WORK EXPERIENCE (16)

| Date of Each Position | | | | Complete the following items for each employer, beginning with your present or most recent. You need only list that experience for which you are claiming credit for ASME Designee. If you held more than one position with the same employer, list each one separately below. Information regarding each position need not be confined to one space, and a supplementary sheet may be appended if this page is inadequate. |
|-----------------------|-----|-----------|----|---|
| From Mo. | Yr. | To Mo. | Yr | |
| | | | | Employer/Company: State Address: City/State/Zip: Job Title: Supervisor: Phone: Duties & Responsibilities: |
| | | | | Employer/Company: State Address: City/State/Zip: Job Title: Supervisor: Phone: Duties & Responsibilities: |
| | | | | Employer/Company: State Address: City/State/Zip: Job Title: Supervisor: Phone: Duties & Responsibilities: |
| | | | | Employer/Company: State Address: City/State/Zip: Job Title: Supervisor: Phone: Duties & Responsibilities: |

I, the undersigned attest to the accuracy of the completed application. Any deliberate omission or false statement shall be cause for rejection of this application or withdrawal of certification.

Applicant's Signature: _____(17)_____ Date: _____(18)_____

EXHIBIT 1**Instruction for Completing the Application Form for ASME Designee**

| No. | Description | | | | | | |
|--------------|---|--------------|---|--------------|---|-------------|--|
| | The information should be clearly printed or typed. The information on this form will be used to support the credits claimed on the corresponding Record of Qualification. | | | | | | |
| 1. | Enter the name, middle initial and last name of the Applicant. | | | | | | |
| 2. | Enter the Applicant's current job title or position with his/her employer (e.g., Consultant, Manager, Chief Inspector, Process Engineer, Senior QC Engineer, etc.) | | | | | | |
| 3. | Enter the name of your employer (e.g., State of Massachusetts, if employed by a State; ASME, if under contract with ASME). | | | | | | |
| 4. | Enter the department or division in which the Applicant works, if applicable. | | | | | | |
| 5. | Enter the Applicant's primary supervisor. If working under contract as a Consultant, enter the name of the primary contact of the organization with which the contract is held. | | | | | | |
| 6. | Enter the street address and PO box number of the Applicant's employer. If under contract as a Consultant, enter the address of the organization with which the contract is held. | | | | | | |
| 7. | Enter the City, State/Province and zip code of the Applicant's employer. If under contract as a Consultant, enter the information for the organization with which the contract is held. | | | | | | |
| 8. | Enter the phone and fax numbers and the e-mail address of the Applicant's primary supervisor. If working under contract as a Consultant, enter the information for the primary contact of the organization with which the contract is held. | | | | | | |
| 9. | Enter the Applicant's home address (i.e., Street Address, Apt. Number, City, State/Province and zip code). If the Applicant's mailing address is different than the home address, enter the mailing address. | | | | | | |
| 10. | Enter the Applicant's home phone and fax numbers and e-mail address. | | | | | | |
| 11. | Check the appropriate block and if the Applicant is a PE, enter the State(s) where registered. | | | | | | |
| 12. | Enter the Applicant's membership in any professional organizations, the grade of membership and the number of years as a member of the professional organization (e.g., ASME, Fellow, 25 years; American Society for Quality, member, 14 years, etc.). | | | | | | |
| 13. | Enter the Applicant's citizenship. | | | | | | |
| 14. | Circle the highest grade or year of school completed (e.g., if you have two years of college, circle the number "2" on line A.2). | | | | | | |
| 15. | <p>The Applicant is required to provide the name and address of the school attended, the dates attended, the course of study, and certificate, diploma, degree or credits accumulated. For example:</p> <ul style="list-style-type: none"> • West Chester H.S., West Chester, PA – 1956 to 1960 – Commercial – Diploma • RCCI, Providence, RI – 1962 to 1964 – Engineering – 45 credits | | | | | | |
| 16. | <p>The Applicant is required to provide the needed information to support credits claimed for ASME Designee. For example:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">8/81 – 10/84</td> <td>Company A 10 Main Street Lakesville, MI 12345 Product Engineer Al Smith 616-555-5462 Design Engineer responsible for calculations and drawings as part of pressure vessel.</td> </tr> <tr> <td>11/84 – 2/90</td> <td>Self Employed Consultant – Pressure Design</td> </tr> <tr> <td>3/90 – 2/00</td> <td>Company B 11 Moving Street Hills, CA 67891 Senior Product Engineer Bill Bigger 606-986-1295 Design Engineer responsible for calculation for design of pressure vessel as an ASME "U" Code Stamp Holder.</td> </tr> </table> | 8/81 – 10/84 | Company A 10 Main Street Lakesville, MI 12345 Product Engineer Al Smith 616-555-5462 Design Engineer responsible for calculations and drawings as part of pressure vessel. | 11/84 – 2/90 | Self Employed Consultant – Pressure Design | 3/90 – 2/00 | Company B 11 Moving Street Hills, CA 67891 Senior Product Engineer Bill Bigger 606-986-1295 Design Engineer responsible for calculation for design of pressure vessel as an ASME "U" Code Stamp Holder. |
| 8/81 – 10/84 | Company A 10 Main Street Lakesville, MI 12345 Product Engineer Al Smith 616-555-5462 Design Engineer responsible for calculations and drawings as part of pressure vessel. | | | | | | |
| 11/84 – 2/90 | Self Employed Consultant – Pressure Design | | | | | | |
| 3/90 – 2/00 | Company B 11 Moving Street Hills, CA 67891 Senior Product Engineer Bill Bigger 606-986-1295 Design Engineer responsible for calculation for design of pressure vessel as an ASME "U" Code Stamp Holder. | | | | | | |
| 17. | The Applicant is required to sign his/her name as it appears in Item (1) and date the application. | | | | | | |

EXHIBIT 2

RECORD OF QUALIFICATION FOR ASME DESIGNEE (AUDITOR)

| | | | |
|--|----------------|----------------|----------------|
| Name: | (1) | Date: | (2) |
| Employer: Address: City/State/Zip: | (3) | | |
| I. Qualification Requirements | | | |
| Education (List the name and address of the school) | Max. 4 Credits | | Credits |
| (a) High School or Equivalent: | (4) | | 0 |
| (b) Associate Degree (1 Credit) or Associate Degree in Engineering, Physical Sciences, Mathematics, Quality Assurance (2 Credits): | (5) | | |
| (c) Bachelors Degree (2 Credits) or Bachelors Degree in Engineering, Physical Sciences, Mathematics, Quality Assurance (3 Credits): | (5) | | |
| (d) Masters Degree in Engineering, Physical Sciences, Mathematics, Quality Assurance (1 Credit): | (5) | | |
| II. Experience | | | |
| (List the name and address of the company or organization) | Max. 9 Credits | | |
| Technical (engineering, manufacturing, construction, quality assurance, auditing, operation, maintenance or inspection (1 credit for each year, with 5 credits maximum): | (6) | | |
| (a) If 2 or more years are working with ASME (1 credit): | (6) | | |
| (b) If 2 or more years are working with quality assurance (2 credits): | (6) | | |
| (c) If 2 or more years are working in auditing (3 credits): | (6) | | |
| III. Professional Accomplishment | | Max. 2 Credits | |
| 1. Certification by National or Professional Society (1 Credit): | | | |
| 2. P. E. (1 Credit): | (7) | | |
| IV. Management Evaluation | | Max. 2 Credits | |
| Explain: | (8) | | |
| Total Credits | | | (9) |

EXHIBIT 2

| Communication Skills: (10) | | | |
|---|------------------|-----------------------|--------------|
| Training Course(s) [Course Title or Topic and Location]: | | | |
| 1. | (11) | | |
| 2. | | | |
| 3. | | | |
| V. Audit Participation (12) | | | |
| Name of Company/Location | Date | Type of Audit | Lead Auditor |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| VI. Examination (13) | | | |
| Written | _____ Date _____ | Pass _____ Fail _____ | Grade _____ |
| Oral | _____ Date _____ | Pass _____ Fail _____ | |
| Interview | _____ Date _____ | Pass _____ Fail _____ | |
| Employer's signature and Title: (14) | | | Date: |

EXHIBIT 2

Instruction for completing the “Record for Qualification for ASME Designee (Auditor)”

| No. | Description |
|-----|---|
| 1. | Enter the name, middle initial and last name of the Applicant. |
| 2. | Enter the date the form was completed. |
| 3. | Enter the name and address of the Applicant’s employer (e.g., State of Massachusetts, if employed by a state; ASME, if under contract with ASME). |
| 4. | Enter the applicant’s High School name and address or where the Applicant’s GED was obtained. |
| 5. | List the degree and the name and location of the school where the degree was earned. Show the credits taken for each category. |
| 6. | Enter the name and address of each employer with dates and area of experience and record the credits taken. If additional space is required, reference any attached resume or supplemental sheets here. Include resume and supplemental sheet with this form. |
| 7. | List the name of the Society or organization along with the certification/accomplishment for which credit is taken. List the state or states in which the Applicant is registered as a Professional Engineer. Record the credits taken. |
| 8. | Give a brief explanation of why credit is being given (e.g., leadership, judgment, maturity, etc.) and enter the credits taken. |
| 9. | Enter the total credits taken, which is the sum of Education, Experience, Professional Accomplishment and Management Evaluation. |
| 10. | Give a brief description of the Applicant’s verbal and written communication skills. |
| 11. | List only those training course(s) by title and location needed to support the Applicant’s auditing competency. |
| 12. | Enter the name and location of the company, the type of audit (e.g., BPV Review; Nuclear Survey), the date performed, and the Lead Auditor on that audit. |
| 13. | Indicate the type of examination, the date of the examination, and the results (i.e., pass or fail). If the examination was written, enter the grade. |
| 14. | The Record is to be signed and dated by the Applicant’s employer. In addition to the signature, the name and title of the individual signing the Record is to be typed or legibly printed. |

EXHIBIT 3

RECORD OF QUALIFICATION FOR ASME DESIGNEE (LEAD AUDITOR)

| | | | |
|---|------------------|-----------------------|--------------|
| Name: _____ (1) | Date: _____ (2) | | |
| Qualified as an ASME Designee (Auditor) on: _____ (3) | | | |
| Employer: _____ Address: _____ (4) City/State/Zip: _____ | | | |
| I. Management Evaluation | | | |
| Explain: _____ (5) | | | |
| Communication Skills: _____ (6) | | | |
| Training Course(s) [Course Title or Topic, Location and Date]: | | | |
| 1. _____ (7) | | | |
| 2. _____ | | | |
| 3. _____ | | | |
| II. Audit Participation (8) | | | |
| Name of Company/Location | Date | Type of Audit | Lead Auditor |
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |
| III. Examination (9) | | | |
| Written | _____ Date _____ | Pass _____ Fail _____ | Grade _____ |
| Oral | _____ Date _____ | Pass _____ Fail _____ | |
| Interview | _____ Date _____ | Pass _____ Fail _____ | |
| Employer's signature and Title: _____ (10) | | | Date: _____ |

EXHIBIT 3

Instruction for completing the “Record for Qualification for ASME Designee (Lead Auditor)”

| No. | Description |
|-----|--|
| 1. | Enter the name, middle initial and last name of the Applicant. |
| 2. | Enter the date the form was completed. |
| 3. | Enter the date the Applicant qualified as an ASME Designee (Auditor). |
| 4. | Enter the name and address of the Applicant’s employer (e.g., of State of Massachusetts, if employed by a State; ASME, if under contract with ASME). |
| 5. | Give a brief explanation of the basis for credit(s) (e.g., assignment of Team, manual review, audit results presentations, etc.). |
| 6. | Give a brief description of the Applicant’s verbal and written communication skills. |
| 7. | List only those training course(s) by title and location needed to support the Applicant’s auditing competency. |
| 8. | Enter the name of the company, the type of audit (e.g., BPV Review; Nuclear Survey), the date performed, and the Lead Auditor on that audit. Refer to 2.6 of the criteria. |
| 9. | Indicate the type of examination, the date of the examination, and the results (i.e., pass or fail) If the examination was written, enter the grade. |
| 10. | The Record is to be signed and dated by the Applicant’s employer. In addition to the signature, the name and title of the individual signing the Record is to be typed or legibly printed. |

EXHIBIT 4**MAINTENANCE OF CERTIFICATION FOR ASME DESIGNEE**

| | | |
|--|---------------|--------------|
| Name: (1) | Date: (2) | |
| Certificate # (3)) Exp. Date ((3)) | | |
| Employer: | | |
| Address: (4) | | |
| I. TRAINING (5) | | |
| Course Title, Location and Date; identify organization that conducted the training: | | |
| 1. | | |
| 2. | | |
| II. AUDIT (REVIEWS/SURVEYS) PARTICIPATION (6) | | |
| Name of Company/Location | Type of Audit | Date |
| 1. | | |
| 2. | | |
| 3. | | |
| III. PERFORMANCE EVALUATION (7) | | |
| All of the following should be addressed: | | |
| <ul style="list-style-type: none"> • Auditing technique and style: • Knowledge of applicable Codes and Standards: • Written correspondence: • Areas needing improvement and suggested training, as appropriate: • Overall Evaluation: | | |
| Employer's Signature and Title: (8) | | Date: |
| _____ | | _____ |
| _____ | | _____ |

EXHIBIT 4

Instruction for completing the “Maintenance of Certification for ASME Designee”

| No. | Description |
|-----|--|
| 1. | Enter the name, middle initial and last name of the Designee. |
| 2. | Enter the date the form was completed. |
| 3. | Enter the Designee’s ASME Certificate number and expiration date. |
| 4. | Enter the name and address of the Applicant’s employer (e.g., of State of Massachusetts, if employed by a State; ASME, if under contract with ASME). |
| 5. | List only those training course(s) by title/topic and location needed to support the Applicant’s auditing competency and knowledge of Codes, standards and relevant technologies Refer to 4.2 of the Criteria. |
| 6. | Enter the name of the company, the type of audit (e.g., BPV Review; Nuclear Survey), and the date performed. |
| 7. | Enter the appropriate evaluation for each element. |
| 8. | The Record is to be signed and dated by the Applicant’s employer. In addition to the signature, the name and title of the individual signing the Record is to be typed or legibly printed. |

EXHIBIT 5

**REQUALIFICATION OF ASME DESIGNEE
(1) [] AUDITOR [] LEAD AUDITOR**

| | | |
|--|------------------|-----------------------------------|
| Name: _____ (2) | Date: _____ (3) | |
| Employer: _____ Address: _____ (4) City/State/Zip: _____ | | |
| I. REQUALIFICATION | | |
| Training Course(s) [Course Title or Topic and Location]: | | |
| 1. _____ (5) | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| II. AUDIT (Reviews/Surveys) PARTICIPATION (6) | | |
| Name of Company/Location | Type of Audit | Date |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| III. EXAMINATION (7) | | |
| Written | _____ Date _____ | Pass _____ Fail _____ Grade _____ |
| Oral | _____ Date _____ | Pass _____ Fail _____ |
| Interview | _____ Date _____ | Pass _____ Fail _____ |
| Employer's signature and Title: _____ (8) | Date: _____ | |

EXHIBIT 5

Instruction for completing the “Requalification of ASME Designee (Auditor or Lead Auditor)”

| No. | Description |
|-----|--|
| 1. | Indicate whether the Requalification is for an Auditor or Lead Auditor. |
| 2. | Enter the name, middle initial and last name of the Applicant. |
| 3. | Enter the date the form was completed. |
| 4. | Enter the name and address of the Applicant’s employer (e.g., of State of Massachusetts, if employed by a State; ASME, if under contract with ASME). |
| 5. | List only those training course(s) by title/topic and location needed to support the Applicant’s auditing competency. Refer to 2.3 of the Criteria. |
| 6. | Enter the name of the company, the type of audit (e.g., BPV Review; Nuclear Survey), and the date performed. |
| 7. | Indicate the type of examination, the date of the examination, and the results (i.e, pass or fail). If the examination was written, enter the grade. |
| 8. | The Record is to be signed and dated by the applicant’s employer. In addition to the signature, the name and title of the individual signing the Record is to be typed or legibly printed. |

EXHIBIT 6

**RENEWAL APPLICATION
FOR ASME DESIGNEE
[] B&PV TEAM LEADER [] TEAM LEADER [] AUDITOR**

| | | | | |
|--|---------------------------|-------------------------------|-----------------|---------------------|
| Name: (1) | Certificate No.: (2) | Expiration Date: (3) | | |
| Employer: (4) | | | | |
| Address: (4) | | City: (4) | State: (4) | Zip: (4) |
| Supervisor's Name and Title: (5) | | | | |
| <p>TRAINING SEMINAR – (Each Designee is required to attend a refresher course for revisions and changes that affect the requirements of the quality program conducted by ASME, or an ASME Designated Organization every two years.) Please list in chronological order the seminars attended by Date, Title, Location and Conducted By during this 5 year Certification period below:</p> | | | | |
| Chronological Order | Date | Title | Location | Conducted By |
| First | | ←(6)→ | | |
| Second | | | | |
| Third | | | | |
| <p>AUDIT PARTICIPATION – (Each certified Designee must participate in at least one audit (survey or review) every twelve months using the criteria established in “Conduct of ASME Surveys, Reviews, Audits, Investigations and Interviews”. This audit must be a complete survey or review such that it shall include at least one day of on-site activity.) Please list in chronological order the date of review, Company, Location, and Conducted By during this 5 year Certification period below:</p> | | | | |
| Chronological Order | Date of Review | Company | Location | Conducted By |
| First | | ←(7)→ | | |
| Second | | | | |
| Third | | | | |
| Fourth | | | | |
| Fifth | | | | |
| <p>ANNUAL EVALUATION – (To comply with this requirement, the employer shall evaluate the individual's performance by completing the Maintenance of Certification Form and submit it to ASME Staff annually.) Please list in chronological order the Date of Evaluation and Conducted By and Title during this 5 year Certification period below:</p> | | | | |
| Chronological Order | Date of Evaluation | Conducted By and Title | | |
| First | | ←(8)→ | | |
| Second | | | | |
| Third | | | | |
| Fourth | | | | |
| Fifth | | | | |
| CERTIFICATION | | | | |
| <p>In accordance with ASME “Standard Qualification Criteria For Designees,” I certify that the individual listed above has maintained his/her proficiency as an ASME Designee and that the ASME Certificate can be renewed.</p> | | | | |
| _____ (Supervisor's Signature) | | _____ (Date) | | |

EXHIBIT 6**Instruction for completing the
“Renewal Application” for ASME Designee**

| No. | Description |
|-----|---|
| 1. | The name, middle initial and last name on the ASME Designee’s Certificate or Card. |
| 2. | The Certificate or Identification Card Number. |
| 3. | The expiration date as shown on the Certificate or Card. |
| 4. | The name and address of Organization (Main Office) that the individual works for or under contract. |
| 5. | The name and title of the individual’s Supervisor. |
| 6. | List in chronological order the seminars attended by Date, Title, Location and Conducted By. For example: During the five year Certificate validation as an ASME Designee, the individual shall have attended at least two seminars during the first five years and at least three during the second five years, the third five years at least two seminars, the fourth five years at least three seminar, etc. |
| 7. | List in chronological order the date of review, Company, Location, and Conducted By for each year during this five year Certificate period. |
| 8. | List in chronological order the Date of Evaluation and Conducted By for each year during this five year Certification period. |
| 9. | The Record is to be signed and dated by the individual’s Supervisor named above. |

TABLE 2.5, EVALUATION OF AUDITOR CANDIDATES

| Auditor/Lead Auditor Competencies | Evaluation Methods |
|---|--|
| Management skills – leadership, sound judgment, maturity, analytical ability, tenacity, etc. (2.1.4) | <ul style="list-style-type: none"> • Attestation by employer • Direct observation |
| Communication skills – written and oral (2.2) | <ul style="list-style-type: none"> • Attestation by employer • Direct observation • Review of reports and other written communication |
| Knowledge and understanding of the related Codes and Standards (2.3) | <ul style="list-style-type: none"> • Documented experience • Documented education and training • Direct observation • Examination • Interview |
| Knowledge of general structure of quality programs as a whole and applicable elements (2.3) | <ul style="list-style-type: none"> • Documented experience • Documented education and training • Direct observation • Examination • Interview |
| Knowledge of auditing techniques – examining, questioning, evaluating, and reporting methods of identifying and following up on corrective action items, and closing out audit findings (2.3) | <ul style="list-style-type: none"> • Documented experience • Documented education and training • Direct observation • Examination • Interview |
| Knowledge of auditing of quality-related functions such as the following activities: designing, purchasing, fabricating, handling, shipping, receiving, storing, cleaning, erecting, installing, inspecting, testing, maintaining, repairing, and modifying components(2.3) | <ul style="list-style-type: none"> • Documented experience • Documented education and training • Direct observation • Examination • Interview |

TABLE 6.5 RECORD RETENTION

| Exhibit | Title | Retention Period | ASME Office | Office other than ASME |
|-------------------------------------|---|--|--------------------|-------------------------------|
| INITIAL APPLICATION | | | | |
| 1 | Application Form For Designee | 3 Years after services are no longer used | X | X |
| 2 | Record of Qualification for ASME Designee (Auditor) | 3 Years after services are no longer used | X | X |
| | Examination results | 3 Years after services are no longer used | X | X |
| | Survey or Review Report by the Trainee (Auditor) | 3 Years after services are no longer used | X | X |
| | Evaluation Report of Auditor's Trainee by the Lead Auditor | 3 Years after services are no longer used | X | X |
| 3 | Record of Qualification for ASME Designee (Lead Auditor) | 3 Years after services are no longer used | X | X |
| | Survey or Review Report by the Lead Auditor Trainee | 3 Years after services are no longer used | X | X |
| | Evaluation Report of Lead Auditor's Trainee by the Lead Auditor | 3 Years after services are no longer used | X | X |
| MAINTENANCE OF CERTIFICATION | | | | |
| 4 | Maintenance of certification for ASME Designee | Replace after receipt and verification of information on the Renewal Application | X | X |
| 6 | Renewal Application | Until Replaced* | X | X |
| REQUALIFICATION | | | | |
| 5 | Requalification of ASME Designee | Until Replaced* | X | X |
| RECERTIFICATION | | | | |
| | Evidence of previous certification | Until Replaced* | X | X |
| 2 and/or 3 | Record of Qualification for ASME Designee | Until Replaced* | X | X |
| | Evidence of actively working | Until Replaced* | X | X |

* Replaced by a later revision or replacement document.