

1. APPLICANT'S NAME: _____

Job Title/Position: _____

2. EMPLOYER: _____

Division / Department: _____

Supervisor: _____

Employer's Address: _____

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

(City, State/Province and Zip)

Phone: _____ Fax: _____ e-mail: _____

3. HOME ADDRESS: _____

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

(City, State/Province and Zip)

Phone: _____ Fax: _____ e-mail: _____

4. SUPPLEMENT INFORMATION

PE Registration Yes No States(s): _____

<u>Professional Organization</u>	<u>Grade</u>	<u>No. of Years</u>
_____	_____	_____

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

5. EDUCATIONAL BACKGROUND

(This information may be used to document the education for which you are claiming as an ASME Designee.)

A. Check below the highest grade or years attended and provide details in item "B" below:

1. Grade and High School: 7 8 9 10 11 12

2. College: 1 2 3 4 More than 4

B. DETAILS OF EDUCATION (List education to document the credits claimed for ASME Designee)

Name & Address of Educational Institution	Dates		Course of Study	Diploma, Degree, Certificate or Credits accumulated
	From Mo. Yr.	To Mo. Yr.		

6. QUALIFYING WORK EXPERIENCE

Date of Each Position From Mo. Yr.	To Mo. Yr.	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.
		Employer/Company: State Address: City/State/Zip: Job Title: Supervisor: Duties & Responsibilities: Phone:
		Employer/Company: State Address: City/State/Zip: Job Title: Supervisor: Duties & Responsibilities: Phone:
		Employer/Company: State Address: City/State/Zip: Job Title: Supervisor: Duties & Responsibilities: Phone:
		Employer/Company: State Address: City/State/Zip: Job Title: Supervisor: Duties & Responsibilities: Phone:

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: _____

Date: _____