APPLICATION FORM FOR ASME DESIGNEE

		<u></u>		
n's Addres	s:			
	(Street and/or	P. O. Box Number)		
	(City, State/F			
	Fax:	e-ı	mail:	
IATION ((11)			
Yes	No	State(s):		
<u>n</u> (12)			<u>Grade</u>	No. of Years
	n's Addres	(Street and/or (City, State/I) Fax: Fax: IATION (11) Yes No	(Street and/or P. O. Box Number) (City, State/Province and Zip) Fax:e-n IATION (11) Yes No State(s):	(Street and/or P. O. Box Number) (City, State/Province and Zip) Fax: e-mail: Fax: e-mail: IATION (11) Yes No State(s):

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

A. Select below the highest gr	rade or vears atte	ended and provi	ide details in item "B" hel	OM.
7t. Geleet below the highest gi	ade or years atte	snaca ana provi	ide details in item B bei	SW.
1. Grade and high School	ol:	(7 8 9 10	11 12)	
C		•	(14)	
2. College:	(1 2 3 4 M	ore than 4 Year	rs)	
D. DETAIL O. OF EDUCATION	1.71.1		"'	
B. DETAILS OF EDUCATION				
Name & Address of Educational Institution	Dat From	tes To	Course of Study	Diploma, Degree, Certificate or Credits
Educational institution	Mo. Yr.	Mo. Yr.		accumulated
	10.0.	1110. 111		documulated

6. QUALIFYING WORK EXPERIENCE (16)

Date of Each Pos	ition	Complete the following items for each organization, beginning with your
Г»	т.	present and most recent experience. You need only list that experience
From	To	for which you are claiming credit for qualification as an ASME Designee,
Mo. Yr.	Mo. Yr	however any gaps in relevant experience should be explained. If you held
		more than one position with the same organization, list each one
		separately. Information regarding each position need not be confined to
		one space, and a supplementary sheet may be appended if this page is
	1	inadequate.
		Supervising Organization/Company:
		State Address:
		City/State/Zip:
		Job Title:
		Supervisor: Phone:
		Duties & Responsibilities:
		•
		Supervising Organization/Company:
		State Address:
		City/State/Zip:
		Job Title:
		Supervisor: Phone:
		Duties & Responsibilities:
		Supervising Organization/Company:
1		State Address:
		City/State/Zip:
		Job Title:
		Supervisor: Phone:
		Duties & Responsibilities:
		•
		Supervising Organization/Company:
		State Address:
		City/State/Zip:
		Job Title:
		Supervisor: Phone:
		Duties & Responsibilities:
	•	accuracy of the completed application. Any deliberate omission or false
statement s	hall be cause for re	ejection of this application or withdrawal of certification

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:			

Instruction for Completing the Application Form for ASME Designee

No		Description		
No.	The information	should be clearly minted on typed. The information on this forms will be used to symment		
	The information should be clearly printed or typed. The information on this form will be used to support the gradity claimed on the corresponding People of Qualification			
1.	the credits claimed on the corresponding Record of Qualification. Enter the name, middle initial and last name of the Applicant.			
2.	Enter the Applicant's current job title or position with his/her Supervising Organization (e.g., Consultant,			
	Manager, Chief Inspector, Process Engineer, Senior QC Engineer, etc.)			
3.	Enter the name of your Supervising Organization (e.g., State of New Jersey, 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 Supervising Organization. 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 Supervising Organization. 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 contr			
9.		cant's home address (i.e., Street Address, Apt. Number, City, State/Province and zip code).		
		's mailing address is different than the home address, enter the mailing address.		
10.		cant'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.		cant's membership in any professional organizations, the grade of membership and the		
		s as a member of the professional organization (e.g., ASME, Fellow, 25 years; American		
	Society for Quality, member, 14 years, etc.).			
13.		cant's citizenship.		
14.	number "2" on			
15.	The Applicant i	s required to provide the name and address of the school attended, the dates attended, the		
		and certificate, diploma, degree or credits accumulated. For example:		
		Chester H.S., West Chester, PA – 1956 to 1960 – Commercial – Diploma		
		Providence, RI – 1962 to 1964 – Engineering – 45 credits		
16.		s required to provide the needed information to support credits claimed for ASME		
	Designee. For o			
	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.		
		Design Engineer responsible for calculations and drawings as part of pressure vesser.		
	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 i	s required to sign his/her name as it appears in Item (1) and date the application.		
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