

EXHIBIT 1

APPLICATION FORM FOR ASME DESIGNEE

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

Job Title/Position: _____ (2)

2. **SUPERVISING ORGANIZATION:** _____ (3)

Division/Department: _____ (4)

Supervisor: _____ (5)

Supervising Organization's Address:

(Street and/or P. O. Box Number) (6)

(City, State/Province and Zip) (7)

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

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

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

4. **SUPPLEMENT INFORMATION (11)**

PE Registration (11) Yes No State(s):

Professional Organization (12) Grade No. of Years

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

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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 grade or years attended and provide details in item "B" below:

1. Grade and high School: (7 8 9 10 11 12) **(14)**

2. College: (1 2 3 4 More than 4 Years)

B. DETAILS OF EDUCATION (List education to document the credits claimed for ASME Designee) **(15)(15)**

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

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6. QUALIFYING WORK EXPERIENCE (16)

Date of Each Position				Complete the following items for each organization, beginning with your present and most recent experience. You need only list that experience for which you are claiming credit for qualification as an ASME Designee, 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 inadequate.
From		To		
Mo.	Yr.	Mo.	Yr	
				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: 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:

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: _____

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 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 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> <p>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.</p> <p>11/84 – 2/90 Self Employed Consultant – Pressure Design</p> <p>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.</p>
17.	The Applicant is required to sign his/her name as it appears in Item (1) and date the application.