EXHIBIT 5

REQUALIFICATION OF ASME DESIGNEE

(1) ☐ AUDITOR ☐ LEAD AUDITOR

Name: (2)	Date: (3)
Supervising Organization: Address: (4) City/State/Zip:	

I. REQUALIFICATION (5)

Training Course(s) [Course Title or Topic and Location]:

1.

2.

3.

4.

5.

II. AUDIT (Reviews/Surveys) PARTICIPATION (6)

Name of Company/Location	Type of Audit	Date	Lead Auditor /Auditor
1.			
2.			
3.			
4.			
5.			
6.			
7.			

III. EXAMINATION

(7)

☐ Written Date_____Pass____Fail____Grade_____

☐ Oral Date_____Pass____Fail____

☐ Interview Date_____Pass____Fail____

Examiner / Examining Organization _____

Supervising Organization'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 Supervising Organization (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 Supervising Organization. In addition to the signature, the name and title of the individual signing the Record is to be typed or legibly printed.