

TECHNICIAN OF THE YEAR APPLICATION

GREATER HOUSTON SECTION
The American Society for Nondestructive Testing, Inc.
P.O. Box 2602 Houston, Texas 77252

Application Date: _____

Nominee's Name: _____ Birth Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Pager: _____ Cell: _____

Employer, Business Affiliation: _____

Job Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone : _____ Fax: _____

Is Candidate an ASNT Member ?, YES : _____ (if member, provide number) NO : _____

Sponsor's Name: _____ Phone: _____ Affiliation: _____

Job Related Certification and Training

Employer Certifications Method:	(if more room is needed, use additional page)	Level:	Years of Experience:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other: (i.e. AWS-CWI, API-510, 570, 653, ACCP, NBIC, PCN, etc.)

Please include the following with this application: (each narrative should be limited to 1 page)

- Sponsor's narrative; Recommendation of the sponsor.
- Employer's narrative; Recommendation of the employer.
- Personal narrative; why you should be considered for Technician of the Year.

Return this form and attachments to: ASNT
P. O. Box 2602
Houston, TX 77252