



GDTP Certification – Renewal

CODES & STANDARDS
CONFORMITY ASSESSMENT

Applicant: _____

Address: _____

_____ Phone: _____

_____ Fax: _____

email: _____

Certification Number: _____ Expiration Date: _____

List involvement with GD&T for at least 24 of the previous 36 months. A verifiable record must be provided to ASME such as a letter from the employer, a client, or other evidence of participation.

- (1) Job title(s)
- (2) Job duties
- (3) Name and address of employer
- (4) Dates of employment

Attach additional pages if necessary:

The undersigned warrants that all representations contained in this application are true.

Applicant's Signature

Date

Submit completed renewal application and fees to:

Mail:

ASME Conformity Assessment
Processing Department
22 Law Drive
Box 2900
Fairfield, NJ 07007-2900

Fax:

ASME Conformity Assessment
GDTP Examination
1-212-591-8599
(credit card payments only)

Email:

certification@asme.org
(credit card payments only)

Method of Payment:

Check

Money Order

American Express

Visa

MasterCard

Discover

Other

Card number: _____ Exp. date: _____

Print name (as it appears on card): _____

Authorized signature: _____