



# Certified Welding Supervisor Renewal Program

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## **CWS Renewal Program Information**

The renewal process is part of your continued certification according to the **QC13:2006 Standard for AWS Certification of Welding Supervisors** (Refer to Section 10). Please complete the application accordingly and submit to AWS prior to your certification expiration date. For further information concerning the CWS Renewal, please refer to the **QC13:2006**.

### **CWS RENEWAL:**

Please be aware that it is your responsibility to renew your certification before it expires. For purposes of renewal and recertification, an expiration grace period of 30 days exists from the expiration date.

To qualify for a renewal, all CWS applicants must attest to continued activity, in the practice of welding supervision during the previous period of the certification. Please indicate on the renewal application, under Your Duties and Responsibilities, which areas that you had activity in at any time during the previous three years. No minimum time is required.

### **INTERNATIONAL AND DOMESTIC RENEWAL APPLICANTS:**

Please be aware that it is **MANDATORY** that all applications are notarized. There will be **NO EXCEPTIONS** to this rule. Applications without proper notarizations will not be processed.

The standard application processing time is (6) weeks. Please be advised that you will be notified (6) weeks **AFTER** your application has been submitted. We strongly urge applicants to please allow the (6) weeks processing time so that we at AWS may efficiently and accurately serve your certification needs. **Applications CANNOT be faxed or emailed so please be prompt in submitting your application.**

We recommend you use priority mail with tracking options when mailing your application. If you choose to mail your application via overnight delivery, please mail directly to: **American Welding Society, 550 NW LeJeune Road, Miami, Florida 33126**. Please retain a copy of your completed application for your records.

### **Please be sure to do the following before submitting your application to AWS:**

- Complete and sign the application (the address indicated on the application is where your documents will be mailed).
- Application **must** be notarized – Both domestically and internationally. **NO EXCEPTIONS.**
- Payment is included with the application

If there are any questions or concerns regarding the renewal process, please feel free to contact the AWS Certification Department at: 1-800-443-9353, ext. #273. Our Certification Coordinators are available to assist you Monday through Friday from 8:00 am to 5:00 pm eastern standard time.



**LAST NAME:**

**FIRST NAME:**

**ASSOCIATIONS**

<b>TYPE OF BUSINESS</b> CHECK ONE BOX	<b>JOB CLASSIFICATION</b> CHECK ONE BOX	<b>YOUR TECHNICAL INTERESTS</b> FILL IN ORDER OF PRIORITY (1,2,3,ETC.)
A. <input type="checkbox"/> Contract Construction	01. <input type="checkbox"/> President, owner, partner, officer	A. ____ Ferrous metals
B. <input type="checkbox"/> Chemicals, Allied Products	02. <input type="checkbox"/> Manager, director, superintendent	B. ____ Aluminum
C. <input type="checkbox"/> Petroleum & Coal Industries	03. <input type="checkbox"/> Sales	C. ____ Nonferrous metals except aluminum
D. <input type="checkbox"/> Primary Metal Industries	04. <input type="checkbox"/> Purchasing	D. ____ Advanced materials, intermetallics
E. <input type="checkbox"/> Fabricated Metal Products	05. <input type="checkbox"/> Engineer – welding	E. ____ Ceramics
F. <input type="checkbox"/> Machinery except electrical	06. <input type="checkbox"/> Engineer – other	F. ____ High energy beam processes
G. <input type="checkbox"/> Electrical equipment, supplies, electrodes	07. <input type="checkbox"/> Inspector, tester	G. ____ Arc Welding
H. <input type="checkbox"/> Transport equipment, air, aerospace	08. <input type="checkbox"/> Supervisor, foreman	H. ____ Brazing and soldering
I. <input type="checkbox"/> Transport equipment, automotive	09. <input type="checkbox"/> Welder, welding or cutting operator	I. ____ Resistance welding
J. <input type="checkbox"/> Transport equipment, boats, ships	10. <input type="checkbox"/> Architect, designer	J. ____ Thermal spraying
K. <input type="checkbox"/> Transport equipment, railroad	11. <input type="checkbox"/> Consultant	K. ____ Cutting
L. <input type="checkbox"/> Utilities	12. <input type="checkbox"/> Metallurgist	L. ____ NDE
M. <input type="checkbox"/> Welding distributorship & retail trade	13. <input type="checkbox"/> Research and development	M. ____ Safety and health
N. <input type="checkbox"/> Misc. repair services inc. welding	14. <input type="checkbox"/> Technician	N. ____ Bending and shearing
O. <input type="checkbox"/> Education services inc. schools, libraries	15. <input type="checkbox"/> Educator	O. ____ Roll forming
P. <input type="checkbox"/> Engineering & architectural services	16. <input type="checkbox"/> Student	P. ____ Stamping and punching
Q. <input type="checkbox"/> Misc. business services inc. laboratories	17. <input type="checkbox"/> Librarian	Q. ____ Aerospace
R. <input type="checkbox"/> Governmental (federal, state, local)	18. <input type="checkbox"/> Customer service	R. ____ Automotive
S. <input type="checkbox"/> Other	19. <input type="checkbox"/> Other	S. ____ Machinery
<b>YOUR COMPANY’S #1 PRODUCT/SERVICE</b>		T. ____ Marine
		U. ____ Piping and tubing
		V. ____ Pressure vessels and tanks
		W. ____ Sheet Metal
		X. ____ Structures
		Y. ____ Other
		Z. ____ Automation
		AA. ____ Robotics
		BB. ____ Computerization of welding

LAST NAME:

FIRST NAME:

**QUALIFYING WORK EXPERIENCE – NO RESUMES ACCEPTED**

\_\_\_\_\_ I understand that all work experience documented on this application may be verified with both  
(INITIALS) past and present employers.

**\*\*NOTE: PLEASE DUPLICATE THIS PAGE FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE WORK EXPERIENCE REQUIREMENTS FOR CWS RENEWAL.**

Company Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Supervisor / Personnel Manager: \_\_\_\_\_ Dept/Div.: \_\_\_\_\_

Supervisor / Personnel Manager's E-mail: \_\_\_\_\_

JOB TITLE	FROM MONTH/YEAR	TO MONTH/YEAR
1.		
2.		
3.		
4.		
5.		

**COMPANY PRODUCTS**

**Is your employer's products fabricated in accordance with:**

- a company                     
 a US standard                     
 an international standard                     
 no standard

**YOUR DUTIES AND RESPONSIBILITIES:**

**Please check which activities you performed within the past three years:**

- Prepare welding plans and/or drawings
- Plan or control materials, procedures, and operations for weldment fabrication
- Perform, supervise or monitor joint preparation for weldment fabrication
- Perform, supervise, monitor, witness, and/or approve inspection of joint preparation
- Supervise or monitor weldment fabrication and/or repairs
- Develop welding inspection procedures
- Perform, supervise, monitor, witness, and/or approve inspection of fabricated weldments
- Train welders to fabricate weldments
- Train inspectors to inspect weldments

LAST NAME:

FIRST NAME:

**EMPLOYMENT VERIFICATION**

PLEASE HAVE THIS SECTION COMPLETED BY A SUPERVISOR OR PERSONNEL MANAGER FROM YOUR MOST RECENT EMPLOYER. IF YOU ARE SELF-EMPLOYED, YOU MUST INSTEAD SUBMIT TWO NOTARIZED LETTERS OF REFERENCE FROM SEPARATE CLIENTS.

Employee's last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Supervisor/ Personnel Manager: \_\_\_\_\_ Dept/Div: \_\_\_\_\_

Supervisor/ Personnel Manager's Email: \_\_\_\_\_

**PLEASE PRINT EXCEPT FOR SIGNATURE**

I verify that: \_\_\_\_\_, whose social security number is: \_\_\_\_\_ is / was  
(circle one)

employed by this company and conducted the duties submitted in this application during the employment periods submitted in this application.

My name is: \_\_\_\_\_ My job title is: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

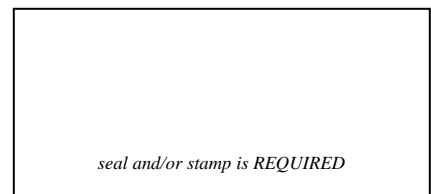
**TESTIMONIAL:** *(Applicants must read and sign the following statement in front of a notary)*

I hereby certify that I have read the requirements contained in the document AWS B5.9:2006 Specification for the Qualification of Welding Supervisors and QC13:2006 Specification for the Certification of Welding Supervisors. Further, I agree to comply with the existing requirements and any subsequent requirements that may be instituted by AWS. I certify that the information I have included on this application is true; I understand that any false statements will nullify this application. I give AWS permission to verify this information. I agree to comply with the provisions set forth in the Standard concerning the administration of my examination and certification. Upon obtaining my CWS certification, I give AWS the right to reveal my certification status as it relates to my validity and expiration date only. I further understand that any information that is incomplete or missing will consider this application on conditional basis in which it will render the release of my renewal.

Applicant's Signature \_\_\_\_\_ Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. My commission expires \_\_\_\_\_

Notary Public Signature \_\_\_\_\_





## **AWS EXAM CANCELLATION REFUND POLICIES AND OTHER FEES**

### **CANCELLATION REFUND POLICY FOR SEMINAR ONLY**

Cancellations must be in writing and received two weeks prior to the first day of the seminar. Registrants will be refunded in full, less a **\$75 administrative fee**. If your cancellation notice is received less than two weeks prior to the seminar, you will be refunded your registration fee, less **\$175 administrative fee**. Substitutions or transfers to another site with two weeks notice are complimentary. No shows forfeit all registration fees.

### **CANCELLATION REFUND POLICY FOR BOTH SEMINAR AND EXAM**

Cancellations must be in writing and received 2 weeks prior to the first day of the seminar. Registrants will be refunded in full, less a **\$75 administrative fee**. Registrants canceling less than 2 weeks before the first day of the seminar will be refunded the registration fee less a **\$315 administrative fee**. No shows forfeit all fees. AWS reserves the right to cancel any exam preparation seminar and/or exam if there are an insufficient number of participants. In the event of cancellation by AWS, all fees will be refunded in full, or the participant may transfer to the next available seminar. In either case, AWS shall have no further liability.

### **CANCELLATION REFUND POLICY FOR EXAM ONLY**

The Certification Business Unit **MUST** receive cancellation Request Forms no later than 2 weeks prior to the exam date. If your cancellation is received less than 2 weeks prior, you will be refunded the full amount less a **\$140 exam cancellation fee**.

### **PROCESSING FEE**

Included with all certification exam prices, there is a **\$75 processing fee**. If you do not qualify to sit for the AWS certification exam, you will be refunded in full less a **\$75 processing fee**.

### **FAST TRACK PROCESS FEE**

Application Submission Deadline is 6 weeks prior to the scheduled test date. However, if your application is received after the 6 weeks period, AWS will expedite your application process in order to accommodate you for your requested test site. A **\$250 Fast Track Process Fee** will be assessed for this service. Please note that AWS cannot guarantee space at a test site once test materials have been shipped.

### **RESCHEDULING EXAM FEE**

Once an application is qualified and processed, a **\$140 rescheduling fee** will be assessed if an applicant requests a test site change within 2 weeks of the exam date. A Request to Change Test Site Location Form must be completed and received by the Certification Business Unit within 2 weeks of the exam date.

### **EXAM NO SHOW PENALTY FEE**

If an individual fails to cancel, he/she agrees to forfeit all fees.

**AWS RECOMMENDS YOU USE PRIORITY MAIL WITH TRACKING OPTION WHEN SUBMITTING YOUR APPLICATION.**

**FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE**

In accordance with the **Americans with Disabilities Act (ADA)**, AWS strives to accommodate all participants with special needs. If you require assistance, please inform the AWS Certification Department, (800) 443-9353, ext. 273, well in advance of the date of the exam.