



Senior Certified Welding Inspector Program

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American Welding Society

550 N.W. LeJeune Road, Miami, FL 33126
(800) 443-9353 or (305) 443-9353, ext. 273

SENIOR CERTIFIED WELDING INSPECTOR PROGRAM INFORMATION

To qualify for the SCWI examination, you must have a total of fifteen years of experience directly related to welding; six years as a Certified Welding Inspector and three years in a supervisory position.

For CWI applicants in their sixth year re-certification cycle, who wish to pursue and qualify for the SCWI status, you will need to submit a CWI Renewal and Upgrade Application along with the SCWI Exam Application. For CWI applicants in their ninth year re-certification cycle, who wish to pursue and qualify for SCWI status, you will need to submit a 9-Year Re-Certification Application along with the SCWI Exam Application. In case you're not successful in passing the SCWI examination, your CWI Renewal or 9-yr Application will be processed at no additional charge. If you are successful in passing the SCWI examination, your CWI certification number will be retired and an indication will be made on the SCWI wallet card of the CWI original date.

This package will include the following information. Please review these items carefully before applying for the SCWI exam:

- SCWI Examination Application
- SCWI Body of Knowledge
- 9-yr Re-Certification Application – EXAM
- 9-yr Re-Certification Application – EXEMPT
- 9-yr Re-Certification Application – COURSE
- SCWI and CWI Renewal/Upgrade Application
- Certification Seminar and Exam Schedule
- Certification Price List
- AWS Exam Cancellation Refund Policies and other Fees
- QC1, *Standard for AWS Certification of Welding Inspectors*

To qualify for examination registration, a Welding Inspector Exam Application and the required supporting documentation must be submitted and approved. Applications with incomplete or missing information will be considered unqualified unless the missing documentation can be provided within two (2) week of being notified (via telephone or email) that their application is incomplete. If the applicant fails to meet the qualification criteria for the exam, the exam fee (or the exam portion of a seminar/exam package fee) will be refunded minus a processing fee.

Please be advised that you will be notified within six weeks after your application has been submitted.

Because space is very limited at an exam site, the application submission deadline is six weeks prior to the scheduled exam date. Applications that do not meet this criteria will be assessed a \$250 Fast Track fee to expedite the process and to accommodate the exam site requested. **Faxed applications are not accepted.** We recommend that 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, FL 33126

Please retain a copy of the application for your records. All checks and money orders are to be made payable to AWS. Test results will be released only if the application is complete and payment is received. If you have any questions or concerns, please contact the AWS Certification Department at: (800) 443-9353, ext. 273. Our Certification Coordinators are available to assist you Monday through Friday from 8:00 am to 5:00 pm EST.

LAST NAME:	FIRST NAME:
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8. EDUCATION LEVEL: (only CWI, CAWI and CWE applicants are to complete the following section)

PLEASE CHECK THE APPROPRIATE BOX BELOW :	
<input type="checkbox"/>	High school graduate or achieved GED certificate. CWI and CWE applicants must document five (5) years and CAWI applicants must document two (2) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/>	Did not graduate high school, but completed the 8th grade. CWI and CWE applicants must document nine (9) years and CAWI applicants must document four (4) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/>	Did not complete the 8th grade. CWI and CWE applicants must document twelve (12) years and CAWI applicants must document six (6) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>

Note to CWE applicants: Applicants applying for the CWE examination must be a high school graduate or achieved a GED certificate along with the five years of work experience. You shall also complete the CWE Welding Instructor Credentials Form or submit a written verification letter signed by your teaching supervisor / personnel manager. In addition, a copy of a valid AWS Certified Welder ID/Certification card or test record of passing a valid AWS Certified Welder test for the welding process to be taught. For further information regarding the CWE program, please refer to the QC5-91.

9. ADDITIONAL EDUCATION AND EXPERIENCE: additional education and experience may be substituted according to 5.5 of AWS B5.1

<input type="checkbox"/> VoTech credits - MUST attach transcripts of welding related courses or diploma	Circle no. of years attended 0 1 2 3 4	Maximum one (1) year work substitution credit <i>only</i> if courses completed and <i>within</i> a curriculum related to welding.
<input type="checkbox"/> College credits - MUST attach transcripts of engineering-level courses or diploma	Circle no. of years attended 0 1 2 3 4	Maximum two (2) years work substitution credit <i>only</i> if the degree is in engineering technology, engineering, or physical science
<input type="checkbox"/> Committee participation - MUST attach verifiable documentation to the duration of membership of a particular committee	Circle no. of years attended 0 1 2 3 4	Membership on a technical, certification, qualification, or education committee active in the technical activities shall count towards the time requirements for experience.

SCWI APPLICANTS ONLY

PLEASE BE SURE TO MEET THE FOLLOWING REQUIREMENTS:
<input type="checkbox"/> High school graduate or hold a state or military approved high school equivalency diploma. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/> Minimum of fifteen (15) years experience in an occupational function that has a direct relationship to welded assemblies fabricated to national or international standards. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/> Shall have been certified as a CWI for a minimum of six (6) years.

10. QUALIFYING WORK EXPERIENCE: RESUMES NOT ACCEPTED. THIS SECTION MUST BE COMPLETED.

**** NOTE: PLEASE DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE QUALIFYING WORK EXPERIENCE REQUIREMENTS FOR CWI/CAWI/CWE/SCWI ELIGIBILITY.**

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

Company Name: _____ Phone: () _____

Mailing Address: _____

City: _____ ST/Prov.: _____ Zip: _____ Country: _____

Supervisor / Personnel Manager: _____ Dept/Div.: _____

Supervisor / Personnel Manager's E-mail: _____

APPLICANT'S JOB TITLE: <i>(only for the employer listed above)</i>	FROM MONTH/YEAR	TO MONTH/YEAR

LAST NAME:	FIRST NAME:
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11. EMPLOYMENT VERIFICATION

** NOTE: THIS SECTION **MUST** TO BE COMPLETED BY A SUPERVISOR OR PERSONNEL MANAGER FROM THE MOST RECENT EMPLOYER. IF **SELF-EMPLOYED** OR **CONTRACT APPLICANT** YOU MUST SUBSTITUTE THIS SECTION WITH A LETTER OF REFERENCE ON COMPANY LETTERHEAD FROM TWO (2) SEPARATE CLIENTS ATTESTING TO THE NATURE OF WORK ASSIGNMENTS DURING THE PERIOD OF PERFORMANCE.
IF THE EMPLOYER IS NO LONGER IN BUSINESS, PLEASE INCLUDE A COPY OF THE W2 FORM.

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: _____

You verify that _____ is or was an employee at your company and conducts the duties during the employment periods stated in this application? No YES

Name: _____ Title: _____
Signature: _____ Date: _____

12. TESTIMONIAL: (this section **MUST be completed or application will be rejected)**

I hereby certify I have read the requirements contained in AWS QC1, *Standard for AWS Certification of Welding Inspectors*. Further, I agree to comply with the existing requirements and any subsequent requirements that may be instituted by AWS. I certify the information I have included in this application is true. I understand any false statements will nullify this application. I further understand that if any information is incomplete or missing, my application will not be processed until all documentation (except the Visual Acuity Record) is complete. Therefore, the examination will not be scheduled until all obligations are fulfilled. I agree to comply with the provisions set forth in AWS QC1 concerning the administration of my examination and certification. Upon obtaining my certification, I give AWS the right to reveal my certification status as it relates to my validity and expiration date only. Also, if applying for or when achieving a CAWI certification, I am aware that the CAWI certification is only valid for three years and is not eligible for renewal.

Furthermore, I certify that I have not obtained any exam materials, have no prior knowledge of the AWS exam questions or answers, and have not and will not accept any solicitation for the AWS exam questions or answers from anyone at any time before or after the exam. I understand that a violation of this oath may be grounds for invalidation of my certification.

Applicant's Signature _____ Date: _____

<u>THE FOLLOWING IS TO BE COMPLETED BY THE NOTARY PUBLIC</u>	
Sworn to and subscribed before me this _____ day of _____ 20____.	
My commission expires _____	Notary Public Signature _____ (seal and/or stamp is REQUIRED)



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VISUAL ACUITY RECORD

LAST NAME : _____ Certification # (if applicable) : _____

FIRST NAME : _____ MEMBER # (if applicable) : _____

If scheduled to take an AWS certification exam, site location: _____ Date _____

TO APPLICANTS:

This form must be submitted for all Welding Inspector and Radiographic Interpreter applications. Applicants for the Certified Welding Educator **only** are not required to complete this form.

Before submitting this form with your application to AWS, be sure to keep a copy for your records. If you're unable to supply a completed Visual Acuity Record with your application prior to submission deadline, you may forward this form to the Certification Department separately. Exam applicants may submit completed Visual Acuity Records on exam day. AWS will not release exam results and/or certification renewal without a completed Visual Acuity Record on file.

You must use the services of an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician's Assistant to administer your required eye examination. The examination must occur within the seven months prior to the scheduled date of the applicant's examination and/or certification expiration date.

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12 in. or greater (≥30.5 cm). All applicants shall take a color perception test. Eye examination results must be documented on this visual acuity form supplied by the AWS Certification Department. No other forms will be accepted.

AWS will not accept visual acuity test results that are incomplete or do not comply with regulations.

THE FOLLOWING THREE SECTIONS ARE TO BE COMPLETED BY THE EYE EXAMINER

1. Please verify the customer's close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater (≥30.5 cm): (please check one of the following)		AWS use only
<input type="checkbox"/>	Both eyes require corrected vision to J2	W
<input type="checkbox"/>	Only one eye needs corrected vision to J2	W
<input type="checkbox"/>	No correction is required.	O

2. Through a color perception examination, is the applicant colorblind? (please check one of the following)		AWS use only
<input type="checkbox"/>	No, customer is not colorblind	C
<input type="checkbox"/>	Yes, customer is colorblind.	B

3. PLEASE PRINT CLEARLY

CUSTOMER NAME: _____ DATE OF EYE EXAMINATION: _____

EXAMINER NAME: _____ TELEPHONE NUMBER: _____

EXAMINER ADDRESS: _____

CITY: _____ ST/PROVINCE: _____ ZIP: _____ COUNTRY: _____

EXAMINER PROFESSIONAL STATUS BY (please check only one):

Ophthalmologist Optometrist Medical Doctor Registered Nurse Certified Physician's Assistant

EXAMINER SIGNATURE: _____ STATE/PROV. LICENSE NUMBER: _____



BODY OF KNOWLEDGE

Senior Certified Welding Inspector

All examinations for the AWS Senior Certified Welding Inspector are in open-book format. Candidates may bring to the examination site any reference materials that they feel will assist them in taking the examinations.

The SCWI examinations will consist of two open book examinations, each lasting two hours. All applicants shall successfully meet the SCWI requirements as contained in 6.2 and 7.2 of AWS B5.1, *Specification for the Qualification of Welding Inspectors*.

Approximate subject weights for the two examination parts are as follows:

Welding and allied processes	5% of total questions
Heat control and metallurgy	10%
NDE fundamentals	10%
NDE applicability	1%
Destructive testing	5%
Welding procedure qualification	10%
Welding Personnel Qualification and Certification	10%
Welding Inspection and NDE Personnel Qualification and Certification	10%
Quality assurance	10%
Safety programs and procedures	5%
Project management	5%
Personnel management and training	5%

AWS-RECOMMENDED SELF-STUDY Examination Preparatory Material

AWS PUBLICATIONS

Standard for AWS Certification of Welding Inspectors
Welding Handbook
Welding Handbook
Guide for the Nondestructive Testing of Welds
Guide for the Visual Inspection of Welds
Specification for Welding Procedure and Performance Qualification
Standard Methods for the Mechanical Testing of Welds
Recommended Practices for Welding Austenitic Chromium -
Nickel Stainless Steel Piping and Tubing
Welding Inspection Handbook 2000
Welding Inspection Technology
SNT-TC-1A, 2001 or 2006 Edition
ANSI 249.1
ISO 9001

ORDER NUMBER

QC1:2007
Vol. 1, 8th or 9th edition
Vol. 4, Part 2, 8th or 9th edition
B1.10:2009
B1.11:2000
B2.1:2005 or B2.1:2009
B4.0:2007

D10.4:1986
WI:2000
WIT-T:2008
Available through ASNT: 800-222-2768
www.awspubs.org
www.iso.org

TO ORDER ANY OF THE ABOVE PUBLICATIONS CONTACT:

WEX (888) WELDING ♦ (305) 824-1177 or visit the website at: www.aws.org/standards



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.