



# Senior Certified Welding Inspector Re-Exam Package

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**American Welding Society**

P.O. Box 440367 Miami, FL 33144-0367  
(800) 443-9353 or (305) 443-9353, ext. 273

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## **SENIOR CERTIFIED WELDING INSPECTOR RE-EXAM INFORMATION**

The SCWI Re-Exam Application should only be used by individuals who did not pass both parts of the SCWI examination.

If the average of the two scores is below 72%, then the candidate must take both parts of the SCWI examination as part of the re-examination.

### **VISUAL ACUITY RECORD:**

Your Visual Acuity Record that is currently in your certification file cannot be dated more than seven months prior to the date of your re-exam. If it is older than seven months, you will be required to provide a new Visual Acuity Record.

### **RE-EXAM FEES:**

Please refer to the Certification Price List for all applicable fees. All checks and money orders are made payable to AWS. Payment must accompany your application. No certification documentation will be released until payment has been fully satisfied.

### **PLEASE BE SURE TO VERIFY THE FOLLOWING BEFORE SUBMITTING YOUR APPLICATION TO AWS:**

- Complete the application  
(the address indicated on the application is where your documents will be mailed).
- Visual Acuity Record, if required.
- Payment included with the application.

Please be advised that you will be notified within six weeks after your application has been submitted. We strongly urge applicants to please allow the six weeks processing time so that we at AWS may efficiently and accurately serve your certification needs. **Faxed or emailed applications are not accepted.**

Please retain a copy of the application for your records. If there are any questions or concerns regarding the SCWI Re-Examination process, please to 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.





# American Welding Society

550 NW LeJeune Rd Miami, FL 33126  
(800) 443-9353 or (305) 443-9353, ext. 273

# 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: \_\_\_\_\_