American Welding Society
550 NW LEJEUNE RD MIAMI, FL 33126
TOLL FREE (800) 443-9353 **FAX** (305) 443-6445
Email certification@aws.org

CERTIFICATION ORDERING FORM

Certified Welder (CW):	☐ Wallet Card				
Endorsement (SIE) _____ (*Please specify code*):	☐ Certificate	☐ Wallet Card	☐ Test Results		
Certified Welding Educator (CWE):	☐ Certificate	☐ Wallet Card	☐ Test Results		
Certified Welding Supervisor (CWS):	☐ Certificate	☐ Wallet Card	☐ Test Results		
Certified Welding Sales Representative (CWSR):	☐ Certificate	☐ Wallet Card	☐ Test Results		
Certified Radiographic Interpreter (CRI):	☐ Certificate	☐ Wallet Card	☐ Test Results	☐ Visual Acuity Record	☐ Stamp
Certified Welding Inspector (CWI):	☐ Certificate	☐ Wallet Card	☐ Test Results	☐ Visual Acuity Record	☐ Stamp
Senior Certified Welding Inspector (SCWI):	☐ Certificate	☐ Wallet Card	☐ Test Results	☐ Visual Acuity Record	☐ Stamp

Method of Payment (payment must be submitted with form):

☐ Check #_____

☐ Visa ☐ MasterCard ☐ American Express

☐ Diners Club ☐ Discover

Credit Card #

Expiration Date

MM DD YR

_____
Signature

DESCRIPTION	UNIT PRICE	QUANTITY
CERTIFICATE	**10.00**	
WALLET CARD	**10.00**	
TEST RESULTS	**10.00**	
VISUAL ACUITY RECORD	**10.00**	
STAMP	**30.00**	
TOTAL		

Shipping Address (This will not change your address on file):

Company (if using company address): _____

Street Address: _____

City/Province: _____ **State:** _____ **Zip:** _____ **Country:** _____

Home Phone: _____ **Work Phone:** _____

AWS USE ONLY

Date Received: **Date Processed:** **Processed By:**