



1. BACKGROUND (please complete all items in this section)

- 1a. Are you a current AWS Member? NO YES If YES, What is your Membership # _____
- 1b. Have you ever been certified by AWS? NO YES If YES, What is(are) your Certification Number(s) _____
- 1c. Have you taken Parts 1 & 2 of the AWS CWEng Exam? NO YES State and Date of Exam _____
(if YES, complete only Sections 2, 3, and 4, and sign in Section 4 because you had been previously qualified and are either eligible to take Parts 3 & 4, or retest if failed; if NO, complete all parts unless 1e, 1f, or 1g below applies)
- 1d. Is this an application for a retest? NO YES Retest on which parts? Parts 1 & 2 Parts 3 & 4
(if YES, complete only Sections 2, 3, and 4, and sign in Section 4 because you had been previously qualified; if NO, complete all parts that pertain)
- 1e. Do you possess a current State Professional Engineering License in Welding Engineering?
 No Yes License # _____ (if YES, you are exempt from all Parts; attach copy of certificate and complete Sections 2, 4, 8, 9)
- 1f. Do you have an International Institute of Welding IWE Diploma?
 No Yes Diploma # _____ (attach certificate copy and complete Sections 2, 3, 4, 5, 8, 9)
- 1g. Do you have a European Welding Federation EWE Diploma?
 No Yes Diploma # _____ (attach certificate copy and complete Sections 2, 3, 4, 5, 8, 9)
- 1h. Have you passed the Engineering Fundamentals Examination (formerly EIT) administered by a State Board of Engineering?
 No Yes State and Date where exam was taken _____
(if YES, you are exempt from Parts 1 & 2; attach copy of exam results and complete all parts)

2. PERSONAL INFORMATION

Last Name	First Name	Middle Initial
List Company Name ONLY if address is Company Address		
Street		Apt #
City	State	Zip Code
Home Telephone: (country code) Area Code & Number		Work Telephone: (country code) Area Code & Number
Fax Number: Area Code & Number	Social Security Number	Date of Birth-day month year
E-mail Address		
Country		

3. SITE CODES; PLEASE INDICATE THE EXAM LOCATION OF YOUR CHOICE:

1st Site Code: _____ Exam Date: _____ City/State: _____ *Submission Deadline: _____

2nd Site Code: _____ Exam Date: _____ City/State: _____ *Submission Deadline: _____

3rd Site Code: _____ Exam Date: _____ City/State: _____ *Submission Deadline: _____

NOTE: AWS strongly recommends the applicant selects a second and third site location alternative. If the first choice is not available, the next location will be selected. *The application submission deadline is six weeks prior to the scheduled exam date (please see exam schedule for submission deadlines). Applicants who do not meet this criteria must contact the Certification Department for Fast Track processing procedure and an additional fee will apply.

4. METHOD OF PAYMENT

Bill Me / PO (Staple PO to front page of application)

Check or money order # _____

VISA MC AMEX Diners Discover

CC#: _____ / _____ / _____ Exp: _____ / _____

SIGNATURE _____

AWS USE ONLY

Acct #: _____

Date: _____

Amt\$: _____

CWEng Parts 1 & 2 or Parts 3 & 4

Last Name: _____

First Name: _____

5. QUALIFYING WORK EXPERIENCE

NOTE: DO NOT SUBMIT YOUR RESUME. Please refer to the CWEng Education and Experience Requirements.

If you have held more than one position with the same employer, list each position, including dates, on a separate line in part B. Complete a work experience form for each employer, listing your present or most recent employer first.

MAKE AS MANY COPIES OF THIS FORM AS NEEDED.

WORK EXPERIENCE FORM							form ____ of ____				
A. EMPLOYER											
Company name _____			Dept./Division _____			email _____					
Supervisor/point of contact _____				Tel. No. _____							
PO Box/Street No. _____											
City _____			State/Province _____			Country _____		Zip/postal code _____			
								For AWS Staff use:			
B.		Job Title _____		From	month	year	To	month	year	Total # of	Total years
										years here	
		_____		_____	_____	_____	_____	_____	_____	_____	
		_____		_____	_____	_____	_____	_____	_____	_____	
		_____		_____	_____	_____	_____	_____	_____	_____	
		_____		_____	_____	_____	_____	_____	_____	_____	
Primary product or service at this employer:											
C. Experience Requirements.											
<ul style="list-style-type: none"> • Check the box(es) below which best describe your main experience(s): • Indicate the type of activity or function most closely related to your duties, (safety, design, metallurgy, welding/cutting/joining process, QA/QC) 											
<i>Sample...</i>											
<input checked="" type="checkbox"/>	Manufacturing			<i>Welding QA, designed welder qualification program, designed supplier qualification system.</i>							
<input type="checkbox"/>	Manufacturing										
<input type="checkbox"/>	Fabrication										
<input type="checkbox"/>	Construction										
<input type="checkbox"/>	Research & Development										
<input type="checkbox"/>	Training										
<input type="checkbox"/>											
<input type="checkbox"/>											
E. Give a brief description of your activities and experience as they relate to the functions and activities of the CWEng.											

Last Name: _____

First Name: _____

6. EDUCATIONAL BACKGROUND

<p>A. Circle the highest grade and years attended at each level</p> <p>1. Grade and high school (including vocational): 7/8/ 9/10/11/12</p> <p>2. After high school: trade or technical vocational1/2/3/4</p> <p>3. College.....1/2/3/4 more than 4</p>	<p>B. Complete the following if you graduated high school or earned a high school equivalency diploma.</p> <p>1. Date of graduation/issue: _____</p> <p>2. Name of city and school/issuing agency: _____</p>
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List education below **You must attach supporting documentation** (e.g., copies of transcripts, diplomas , etc.). Please list only the items that are necessary to satisfy education requirements for CWEng certification.

Name and Address of Institution	Dates From	To	Course of Study	If graduated, check one:
				<input type="checkbox"/> B.Sc. in engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> B.Sc. in eng. technology <input type="checkbox"/> A.S.S. degree <input type="checkbox"/> High school diploma
				<input type="checkbox"/> B.Sc. in engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> B.Sc. in eng. technology <input type="checkbox"/> A.S.S. degree <input type="checkbox"/> High school diploma
				<input type="checkbox"/> B.Sc. in engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> B.Sc. in eng. technology <input type="checkbox"/> A.S.S. degree <input type="checkbox"/> High school diploma
				<input type="checkbox"/> B.Sc. in engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> B.Sc. in eng. technology <input type="checkbox"/> A.S.S. degree <input type="checkbox"/> High school diploma

7. PROVISIO:

<p>Upon obtaining my certification, I give AWS the right to reveal my certification status as it relates to my validity and expiration date only. No other information related to my certification shall be revealed. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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8. NOTARIZATION

<p>I hereby certify that I have read and fully understand the requirements contained in the CWEng Information. Further, I agree to comply with the existing requirements and any subsequent requirements, which may be instituted by AWS. I certify that the information I have included on this application and the letters submitted are true; I understand that any false statement 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. Further: I understand that the AWS Certified Welding Engineer credential DOES NOT imply the status of a registered Professional Engineer (P.E.) under the laws of any state or other governmental entity.</p>	
Signature _____	Date _____
Sworn to and subscribed before me, this _____ day of _____ AD 20 _____	
My commission expires _____	Notary Public _____
Date	

Last Name: _____

First Name: _____

9. EMPLOYMENT VERIFICATION

Applicant, please enter your name and then forward to your supervisor for completion. Make as many copies of this form as necessary so each employer may use it to demonstrate the required years of experience. These forms must accompany your application.

Dear Supervisor:

_____ has applied for certification as an AWS Certified Welding Engineer. By making this application, they have stated that they have worked for you performing duties considered within the scope of welding engineering as checked below. This work experience is defined as one or more of the following and has been described by the applicant in the body of this application:

- Manufacturing.** Experience shall consist of the design, application, or operation of welding lines or cells for the manufacture of welded products such as automobiles, appliances, welded pipe, or other welded standard products.
- Fabrication.** Experience shall consist of the design, application, or operation of welding facilities that fabricate welded products. National, customer, or internal standards or specifications may cover fabricated products.
- Construction.** Experience shall consist of design on welding construction of projects such as buildings, pipelines, ships, plants and power generation facilities.
- Research and Development.** Experience shall consist of research and development to enhance welded products or processes, welding materials, manufacturing, fabrication, field erection of welded products or the design of welding manufacturing systems.
- Training.** Experience shall consist of the instruction of courses in various welding topics or related technologies.

Company name _____ Dept./Division _____

P. O. Box/Street No: _____ company email _____

City _____ State/Province _____ Zip _____ Tel. No.: _____

Comments:

I verify that _____, whose social security number is _____, is/was employed by this company and does/did carry out the described principle duties during the employment period(s) indicated on this application.

My name is _____ My job title is _____ Date _____
Print or Type

Signature _____

For verification, you may contact me by: phone _____ during these hours _____
 or by email (if different from above)