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## **CERTIFIED WELDING INSPECTOR 9-YEAR RECERTIFICATION PROGRAM INFORMATION**

As an AWS Certified Welding Inspector, you must renew your certification every three years. In the ninth year cycle, you must recertify either by choosing one of the following options:

### **OPTION 1: 9-YEAR RECERTIFICATION COURSE:**

**9-YEAR RECERTIFICATION COURSE:** If your certification expires within seven (7) months of your current Welding Inspector certification expiration date and you aren't going to recertify through examination or haven't accumulated 80 PDHs in the past nine years, the AWS 9-year recertification course is for you. This six-day course includes:

- A pre-seminar reading assignment for you to complete 30 days prior to the course which counts toward the 80-hour requirement.
- An informal skills assessment to guide your instructor in tailoring the course material to meet your needs.
- An interactive format that allows you to share with and learn from your peers, gaining synergy from the entire group's collective experience.
- The opportunity to discuss technical and administrative problems you've encountered while on the job with other experienced welding inspectors, and to benefit from their perspectives.
- A field trip to a local plant or testing laboratory for an insightful behind-the-scenes tour.

Upon completion of the course, you will receive an AWS Certificate of Completion for the course. Your new wallet card, certificate, and stamp will be mailed to you. Your certification number and renewal month will not change.

**\*NOTE** SPACE FOR THE 9YR COURSE IS LIMITED. ACCEPTANCE IS BASED ON AVAILABILITY AND QUALIFICATION FOR 9 YEAR RECERTIFICATION.

### **OPTION 2: 9-YEAR RECERTIFICATION BY ACCUMULATED CONTINUING EDUCATION:**

**CONTINUING EDUCATION:** If you have kept yourself up to date in the inspection profession by attending classes and seminars related to welding, your education requirements may be satisfied. You need 80 contact hours (PDHs) of seminars or courses that meet the requirements of QC1 sections 5 and 16. Twenty of the 80 PDHs must have been earned during the last three years of your nine-year certification period. AWS sponsored conferences, courses, or working on an AWS technical committees can also earn PDHs. A PDH credit is based on each contact hour of activity. A contact hour shall consist of not less than 50 minutes of instruction. One CEU is equivalent to 10 PDHs. Documentation must be in accordance with AWS QC1: 2007, *Standard for AWS Certification of Welding Inspectors* section 16.

The course content must be in one or more of the subject areas as defined in the Education and Experience Requirements of the B5.1 section 5. A maximum of 80 PDHs are allowed for any one course and no course may be repeated for credit within any nine year period. Certificates of completion, diplomas, or transcripts must be submitted with your application. Trainers who want to substitute teaching hours for the required PDHs must submit documentation of the hours of training performed and course curriculum.

**SUPPLEMENTAL INSPECTION EXAM (SIE OR ENDORSEMENT):** Welding Inspectors who have taken and passed one or more Supplemental Inspection Exams on approved standards or inspection programs any time during their 9-year cycle may apply for recertification without having to meet further examination, professional development hour, or seminar requirements. To qualify, a completed 9-Year Recertification application must be submitted indicating "By Endorsement" under the "Recertification by Non-Exam Options section"

### OPTION 3: 9-YEAR RECERTIFICATION BY PART B PRACTICAL EXAM:

**CWI PART B PRACTICAL:** For CWI recertification, the two-hour Part B Practical Exam will evaluate you in the practical aspects of weld inspection and establish that your skills are current. Exams are administered at sites all over the country. Each candidate is required to review a “Book of Specifications” developed solely for this portion of the exam. A copy of this book will be provided to you as a study guide in advance of the exam. Your responsibility is to determine if plastic replicas of welds meet the acceptance criteria in the “Book of Specifications.”

It is to your advantage to be familiar with fillet and butt weld gauges, micrometers and dial calipers. You should review a variety of weldments that show various levels of porosity and undercut. Be prepared to interpret bend samples and calculate tensile strengths.

A one-day preparatory Visual Inspection Workshop can help you prepare for the exam. You may register for the course when you submit your 9-Year Recertification application.

### OPTION 4: 9-YEAR RECERTIFICATION BY ENDORSEMENT:

**CWI AND SCWI SUPPLEMENTAL INSPECTION EXAM (SIE, OR ENDORSEMENT):** You can take a Supplemental Inspection Exam (SIE) during your 9<sup>th</sup> year of certification. Passing one of these exams meets the requirements for recertification except the non-codebook subjects. PDHs are awarded for the non-codebook exams shown below. Endorsements are listed on your endorsement card.

Endorsements to codebooks require passing a two-hour Part C: Open-Book Code Application exam on one of the following codes:

#### Code Subjects Available

- |                                |                              |
|--------------------------------|------------------------------|
| - AWS D1.1 Structural Steel    | - API 1104 Pipelines         |
| - AWS D1.2 Structural Aluminum | - ASME Section IX, B31.1 and |
| - AWS D1.5 Bridges             | B31.3ASME Section VIII,      |
| - AWS D15.1 Railroad           | Div. 1 and Section IX        |

#### Non-Code Subjects Available

- Structural Bolting Inspection (non codebook exam 20 PDH)
- Structural Drawing Reading (non codebook exam 40 PDH)

### DID YOU KNOW...

CWI applicants in their ninth year of certification qualify to test for SCWI certification. Applicants will need to complete a Senior Welding Inspector Exam application for SCWI examination. In case you are not successful in passing the SCWI exam, it is recommended to submit the 9-year Recertification application along with your SCWI Exam application. If you choose the 9-year Part B: Practical exam or Endorsement exam, you may take the exam at the same site as the SCWI examination. If you qualify for recertification via continuing education, the supporting documents along with the completed Welding Inspector 9-year Recertification application must be submitted at the same time as your Senior Welding Inspector Exam application.

If you choose to purchase an AWS Seminar and Exam Package that includes the cost of the seminar and certification exam, you are not automatically registered to take the exam. AWS must receive your completed application and review your qualifications to make sure you are eligible to take the exam. Payment must accompany your application. Please check the Certification Schedule for examination dates, course dates, and application submission deadlines.

Please allow adequate time for your application to be processed. Applicants applying for an exam and have been accepted, will receive a confirmation package via email.

- For questions regarding certification contact, the Certification Department, ext. 273
- For questions regarding seminar or study materials, contact the Education Department, ext. 455.
- For questions regarding payment or obtaining a receipt, contact the Accounting Department, ext. 240.



# American Welding Society

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

# Certified Welding Inspector (CWI) 9-YEAR RECERTIFICATION APPLICATION

### Faxed or Emailed Applications are not accepted

LAST NAME												FIRST NAME												MI	

**1. PLEASE COMPLETE THE FOLLOWING:**

YOUR AWS MEMBER # \_\_\_\_\_  
*Company Membership not applicable*

YOUR CWI CERTIFICATION # \_\_\_\_\_

**2A. EXAM**  
(please choose the exam type and complete Sections 3 through 8)

CWI Part B Practical Exam Only

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CWI Exam Part B Exam & Visual Inspection Workshop

**2B. ENDORSEMENT (SIE) EXAM**  
ACHIEVED IN 9<sup>TH</sup> YEAR OF CERTIFICATION  
(please choose the exam type and complete Sections 3 through 8)

AWS D1.1/D1.1M Structural Steel

API-1104 Pipelines

AWS D1.2/D1.2M Structural Aluminum

AWS D1.5M/D1.5 Bridge

AWS D15.1 Railroad

ASME Section IX, B31.1 and B31.3

ASME Section VIII, Div. 1 and Section IX

**INDIVIDUAL CODE CLINICS**

D1.1 code clinic workshop (code book not supplied)

API-1104 code clinic workshop (code book not supplied)

\*For code book editions and other exam information please visit our website  
[www.aws.org/certification/endorsebok](http://www.aws.org/certification/endorsebok)

**2C. NON-EXAM OPTIONS** (choose one):

80 Personal Development Hours (PDHs):  
*Please complete Sections 3 and 5 through 9.*

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9-year Recertification Course:  
*Please complete Sections 3 through 8.*

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By Endorsement: *Endorsement achieved prior to 9<sup>th</sup> year of certification along with a copy of the certificate.*  
*Please complete Sections 3, and 5 through 8.*

**3. METHOD OF PAYMENT**

**Payment must accompany your application.**

Check or money order # \_\_\_\_\_

VISA    MC    AMEX    Diners    Discover

CC#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EXP DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

SIGNATURE

**AWS USE ONLY**

Date: \_\_\_\_\_ Acct #: \_\_\_\_\_

Amt\$: \_\_\_\_\_

**Recertification Fees:** PLEASE VISIT OUR WEBSITE  
<http://www.aws.org/certification/pricelist/>

**4. PLEASE INDICATE THE EXAM OR COURSE LOCATION OF YOUR CHOICE**  
*PLEASE ALLOW 3-4 WEEKS PROCESS TIME. CONFIRMATION LETTERS WILL BE EMAILED UNLESS EMAIL ADDRESS IS NOT INDICATED IN SECTION 5.*

1<sup>st</sup> Site Code \_\_\_\_\_ Date \_\_\_\_\_ City/State \_\_\_\_\_ \*Submission Deadline \_\_\_\_\_

2<sup>nd</sup> Site Code \_\_\_\_\_ Date \_\_\_\_\_ City/State \_\_\_\_\_ \*Submission Deadline \_\_\_\_\_

3<sup>rd</sup> Site Code \_\_\_\_\_ Date \_\_\_\_\_ City/State \_\_\_\_\_ \*Submission Deadline \_\_\_\_\_

**NOTE:** AWS strongly recommends the applicant indicate an alternate second and third site location. If the first choice is not available, registration will indicate the next available choice site. Please **do not** make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department via email.



NAME: \_\_\_\_\_

ACCOUNT No \_\_\_\_\_

**7. QUALIFYING WORK EXPERIENCE - RESUMES NOT ACCEPTED**

\_\_\_\_\_ I attest to having no period of continuous inactivity greater than two years during the previous three years of certification.  
(initial)

I understand that work experience documented on this application will be verified with both past and present employers.

Company Name		Type of Business	Company Phone Number	
Company Street Address			City, State, Zip Code	
Supervisor's Name		Title of Immediate Supervisor		
Supervisor's Email Address			Department	
Applicant's Job Title		Employed From:	To:	
		(Mo.) (Yr.)	(Mo.) (Yr.)	
Job Responsibilities- Detailed Description Required*				

**8. TESTIMONIAL:**

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

I hereby certify that I have read the standard 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 have read and agree to the terms and conditions set forth in the *AWS Policies and Fees* form. 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 certification, I give AWS the right to reveal my certification status as it relates to my validity and expiration date only.

**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 \_\_\_\_\_

**THE FOLLOWING IS TO BE COMPLETED BY A NOTARY PUBLIC**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ of year \_\_\_\_\_.

My commission expires \_\_\_\_\_ Notary Public Signature \_\_\_\_\_ (seal and/or stamp is REQUIRED)

\*To view the *AWS Policies and Fees*, please visit our website

<http://www.aws.org/certification/policiesfees/>

NAME: \_\_\_\_\_

ACCOUNT No \_\_\_\_\_

**9. CONTINUING EDUCATION and/or TEACHING CREDIT:**

*(Complete this section only if submitting 80 Personal Development Hours. Duplicate this page as necessary.)*

- A minimum of eighty (80) PDHs must be earned during the nine year certification period and twenty (20) of those 80 PDHs must be earned in the final three-year period.
- A PDH is no less than 50 minutes of personal interaction between a learner and instructor. Interaction implies two-way communication in order for the learner to receive feedback.
- A maximum of eighty (80) PDHs are allowed for any one course.
- PDHs claimed must be accompanied by a course description and certificate of completion indicating the number of contact hours.

**Example:**

<u>PDH</u> 40	<u>Institution or provider name and contact information:</u> Sample Institution 1234 Street Anywhere, US 54321 Phone: 999-555-1212	<u>Title of course or seminar:</u> Welding Technology 101
	DATE OF COMPLETION: January 2, 2099	

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<u>PDH</u>	<u>Institution or provider name and contact information:</u>	<u>Title of course or seminar:</u>
	DATE OF COMPLETION:	

<u>PDH</u>	<u>Institution or provider name and contact information:</u>	<u>Title of course or seminar:</u>
	DATE OF COMPLETION:	

<u>PDH</u>	<u>Institution or provider name and contact information:</u>	<u>Title of course or seminar:</u>
	DATE OF COMPLETION:	

<u>PDH</u>	<u>Institution or provider name and contact information:</u>	<u>Title of course or seminar:</u>
	DATE OF COMPLETION:	



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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: \_\_\_\_\_