



American Welding Society

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

CERTIFIED WELDING INSPECTOR AND
CERTIFIED WELDING EDUCATOR
COMBO EXAM APPLICATION

FAXED OR EMAILED APPLICATIONS ARE NOT ACCEPTED

AWS Member # (Company Memberships do not qualify): _____

LAST NAME										FIRST NAME										MI

1. PLEASE INDICATE THE EXAM LOCATION OF YOUR CHOICE:
ALLOW 3-4 WEEKS PROCESSING TIME. NOTIFICATION OF CONFIRMATION WILL BE EMAIED.

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 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.

Check here if taking a non AWS seminar prior to the exam.

Name of Agency: _____

City, State: _____ Date: _____

3. PLEASE INDICATE THE FOLLOWING AWS SEMINAR OF YOUR CHOICE OR CHOOSE "EXAMINATION ONLY" BELOW:

D1.1 SEMINAR WEEK PAK (codebook included)

- D1.1 Code Clinic (Sun, 1 PM - 5 PM & Mon, 8 AM - 12 Noon)
- Welding Inspection Technology Workshop (Tues - Thurs, 8 AM - 5 PM)
- Visual Inspection Workshop (Fri, 8 AM - 5 PM)
- Certification Exam (Sat, 8 AM - 5 PM)

API 1104 SEMINAR WEEK PAK (codebook not provided)

- API 1104 Code Clinic (Mon. 1 PM - 5 PM)
- Welding Inspection Technology Workshop (Tues - Thurs, 8 AM - 5 PM)
- Visual Inspection Workshop (Fri, 8 AM - 5 PM)
- Certification Exam (Sat, 8 AM - 5 PM)

Are you employed by an AWS SENSE program participating organization (must provide copy of certificate)? No Yes**

If yes, the Facility ID #: _____

S.E.N.S.E. CWI and CWE Combo Examination Only
Member Price: \$470 Non-Member Price: \$685

2. PLEASE SELECT ONE OF THE FOLLOWING FOR YOUR CODE APPLICATION TEST SUBJECT (codebook not provided):

AWS D1.1 - Structural Steel Code

API-1104 - Pipelines 20th edition

AWS D1.2 - Structural Aluminum Code *Code Clinic not available.

AWS D1.5 - Bridge Welding Code *Code Clinic not available.

AWS D15.1 - Railroad *Code Clinic not available.

ASME Sections VIII (Div 1) & IX *Code Clinic not available.

ASME Section IX, B31.1 and B31.3 *Code Clinic not available

FOR INDIVIDUAL CODE CLINICS/WORKSHOPS:

D1.1 Code Clinic (code book not provided):

API-1104 Code Clinic (code book not provided):

Welding Inspection Technology Workshop:

Visual Inspection Workshop:

EXAMINATION ONLY (CODE BOOK NOT PROVIDED)

**For code book editions and other exam information please visit our website <http://www.aws.org/certification/endorsebok>

*Exam Fees- Please visit our website <http://www.aws.org/certification/pricelist/>

4. METHOD OF PAYMENT ALL CHECKS AND MONEY ORDERS MADE PAYABLE TO AWS.

PAYMENT MUST ACCOMPANY YOUR APPLICATION

Check or money order # _____

VISA MC AMEX Diners Discover

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

SIGNATURE _____

AWS USE ONLY

Acct #: _____

Date: _____

Amt \$: _____

NAME: _____

ACCOUNT NO. _____

5. Applicant's Information

ADDRESS

Grid for address input

ADDRESS (CONT'D)

APT #

Grid for address (cont'd) and apt # input

CITY AND STATE / PROVINCE / COUNTRY

ZIP CODE

Grid for city/state/province/country and zip code input

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

Grid for home telephone number input

Grid for work telephone number input

Grid for mobile telephone number input

DATE OF BIRTH MM/DD/YY

U.S. SOCIAL SECURITY NUMBER

Grid for date of birth input

Grid for U.S. social security number input

E-MAIL ADDRESS (CONFIRMATION NOTIFICATION WILL BE SENT TO THIS ADDRESS)

Grid for e-mail address input

6. Associations

<p>Type of Business (check only ONE)</p> <p>A <input type="checkbox"/> Contract construction</p> <p>B <input type="checkbox"/> Chemicals & allied products</p> <p>C <input type="checkbox"/> Petroleum & coal industries</p> <p>D <input type="checkbox"/> Primary metal industries</p> <p>E <input type="checkbox"/> Fabricated metal products</p> <p>F <input type="checkbox"/> Machinery except elect. (incl. gas welding)</p> <p>G <input type="checkbox"/> Electrical equip., supplies, electrodes</p> <p>H <input type="checkbox"/> Transportation equip. - air, aerospace</p> <p>I <input type="checkbox"/> Transportation equip. - automotive</p> <p>J <input type="checkbox"/> Transportation equip. - boats, ships</p> <p>K <input type="checkbox"/> Transportation equip. - railroad</p> <p>L <input type="checkbox"/> Utilities</p> <p>M <input type="checkbox"/> Welding distributors & retail trade</p> <p>N <input type="checkbox"/> Misc. repair services (incl. welding shops)</p> <p>O <input type="checkbox"/> Educational Services (univ., libraries, schools)</p> <p>P <input type="checkbox"/> Engineering & architectural services (incl. assns.)</p> <p>Q <input type="checkbox"/> Misc. business services (incl. commercial labs)</p> <p>R <input type="checkbox"/> Government (federal, state, local)</p> <p>S <input type="checkbox"/> Other</p>	<p>Job Classification (check only ONE)</p> <p>01 <input type="checkbox"/> President, owner, partner, officer</p> <p>02 <input type="checkbox"/> Manager, director, superintendent (or assistant)</p> <p>03 <input type="checkbox"/> Sales</p> <p>04 <input type="checkbox"/> Purchasing</p> <p>05 <input type="checkbox"/> Engineer — welding</p> <p>06 <input type="checkbox"/> Engineer — other</p> <p>07 <input type="checkbox"/> Inspector, tester</p> <p>08 <input type="checkbox"/> Supervisor, foreman</p> <p>09 <input type="checkbox"/> Welder, welding or cutting operator</p> <p>10 <input type="checkbox"/> Architect, designer</p> <p>11 <input type="checkbox"/> Consultant</p> <p>12 <input type="checkbox"/> Metallurgist</p> <p>13 <input type="checkbox"/> Research & development</p> <p>14 <input type="checkbox"/> Technician</p> <p>15 <input type="checkbox"/> Educator</p> <p>16 <input type="checkbox"/> Student</p> <p>17 <input type="checkbox"/> Librarian</p> <p>18 <input type="checkbox"/> Customer service</p> <p>19 <input type="checkbox"/> Other</p> <p>20 <input type="checkbox"/> Engineer - design</p> <p>21 <input type="checkbox"/> Engineer - manufacturing</p> <p>22 <input type="checkbox"/> Quality Control</p>	<p>Technical Interests (check ALL that apply)</p> <p><input type="checkbox"/> Ferrous metals</p> <p><input type="checkbox"/> Aluminum</p> <p><input type="checkbox"/> Non-ferrous except aluminum</p> <p><input type="checkbox"/> Advanced materials/intermetallics</p> <p><input type="checkbox"/> Ceramics</p> <p><input type="checkbox"/> High energy Processes</p> <p><input type="checkbox"/> Arc Welding</p> <p><input type="checkbox"/> Brazing & Soldering</p> <p><input type="checkbox"/> Resistance Welding</p> <p><input type="checkbox"/> Thermal Spray</p> <p><input type="checkbox"/> Cutting</p> <p><input type="checkbox"/> NDT</p> <p><input type="checkbox"/> Safety & Health</p> <p><input type="checkbox"/> Pipe & Tubing</p> <p><input type="checkbox"/> Pressure Vessels & Tanks</p> <p><input type="checkbox"/> Structures</p> <p><input type="checkbox"/> Roll Forming</p> <p><input type="checkbox"/> Sheet metal</p> <p><input type="checkbox"/> Stamping & punching</p> <p><input type="checkbox"/> Bending & shearing</p> <p><input type="checkbox"/> Aerospace</p> <p><input type="checkbox"/> Automotive</p> <p><input type="checkbox"/> Marine</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Automation</p> <p><input type="checkbox"/> Robotics</p> <p><input type="checkbox"/> Computerization of Welding</p>
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NAME: _____

ACCOUNT NO. _____

7. EDUCATION LEVEL *MUST MEET THE FOLLOWING CRITERIA TO QUALIFY FOR CWI AND CWE CERTIFICATION EXAMINATION*

- High school graduate or achieved GED certificate
- Must document five (5) years and of work experience in the Qualifying Work Experience Section below. *(Please refer to the AWS B5.1)*
- Complete the CWE Welding Instructor Credentials Form
- Copy of a *valid* Certified Welder ID/Certification card or test record(s) of passing a valid Certified Welder test for the welding process(es) to be taught. For further information regarding the CWE program, please refer to the QC5-91.

8. ADDITIONAL EDUCATION AND EXPERIENCE (if applicable):

<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 <i>completed</i> 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

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

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

(Initials) I understand that all work experience documented on this application may 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:	
		<i>(Mo.) (Yr.)</i>		<i>(Mo.) (Yr.)</i>	
Job Responsibilities- Detailed Description Required*					

NAME: _____ ACCOUNT NO. _____

10. 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.

Company Name: _____ Company Phone: _____

Company Address: _____

City, State: _____ Zip Code: _____ Country: _____

I _____, verify that _____ maintained employment
Supervisor/Personnel Manager's Name Employee's Name (print)
at _____ from _____ to _____
Company Name Date mm/dd/yyyy Date mm/dd/yyyy or Present

Signature: _____ Date: _____
Supervisor/Personnel Manager's Name Month/Day/Year

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

(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 at:*

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

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CWE WELDING INSTRUCTOR CREDENTIALS

CWE APPLICANTS: PLEASE HAVE THIS FORM COMPLETED BY YOUR TEACHING SUPERVISOR OR PERSONNEL MANAGER. MAY BE SUBSTITUED WITH A SIGNED WRITTEN VERIFICATION LETTER. ALSO, A COPY OF A VALID AWS CERTIFIED WELDER ID/CERTIFICATION CARD OR ITS EQUAL, OR SHALL PASS A VALID AWS CERTIFIED WELDER TEST, FOR THE WELDING PROCESS TO BE TAUGHT MUST ACCOMPANY THIS FORM FOR NEW CWE APPLICANTS.

Name of Applicant: _____

CHECK ONE OF THE FOLLOWING:

- University
- 4-YR College
- 2-YR College
- Vo-Tech
- High School
- Private or Union
- Company

Institution Name: _____

Institution Address: _____

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

A. STATEMENT OF INSTRUCTIONAL METHODS REQUIRED AT THIS INSTITUTION

List the subjects/processes that you teach at your institution/company. For each subject/process, provide information on the duration of training and how much time is spent between classroom and laboratory. Describe how students in your courses are evaluated and what documentation is furnished to track the completion of instruction at your institution. Also describe how you as an instructor are evaluated.

B. CONFIRMATION OF INSTRUCTIONAL METHOD DELIVERY

The applicant's administrator, direct supervisor or personnel manager shall provide a brief statement attesting to the accuracy of the above description of the applicant's performance as a welding educator, followed by a formal recommendation for certification as an AWS Certified Welding Educator.

**** NOTE:** SELF-EMPLOYED OR CONTRACT APPLICANTS, IN LIEU OF THIS SECTION, MUST PROVIDE TWO LETTERS OF REFERENCE ON COMPANY LETTERHEAD FROM 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.

SUPERVISOR'S Name _____ (Print) SIGNATURE _____

TITLE _____ (Print) DATE _____



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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: _____