



American Welding Society

550 NW LeJeune Rd Miami, FL 33126
(800) 443-9353 or (305) 443-9353, ext. 273
FAXED OR EMAILED APPLICATIONS ARE NOT ACCEPTED

CERTIFIED WELDING SUPERVISOR EXAM APPLICATION

<p>YOUR ORIGINAL AWS MEMBER #? _____</p> <p>HAVE YOU TAKEN THE CWI CERTIFICATION EXAM? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, exam date: _____</p> <p>exam location: _____</p> <p>IF YOU WERE PREVIOUSLY CERTIFIED WITH AWS, PLEASE PROVIDE CERTIFICATION #: _____</p> <p>IS YOUR EMPLOYER CURRENTLY AN AWS CERTIFIED FABRICATOR?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Check here if taking a non AWS seminar prior to the exam.</p> <p>Name of Agency: _____</p> <p>City, State: _____</p>	<p style="text-align: center;">METHOD OF PAYMENT</p> <p><u>Payment must accompany your application.</u></p> <p><input type="checkbox"/> Check or money order # _____</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Diners <input type="checkbox"/> Discover</p> <p>Credit Card # _____</p> <p>Exp. Date _____</p> <p style="text-align: center;">Mo Day Yr</p> <p style="text-align: right;">_____ Signature</p>
AWS USE ONLY	
<p>Date _____</p> <p>Acct # _____</p> <p>Amt \$ _____</p>	

1. PERSONAL INFORMATION

LAST NAME	FIRST NAME	MI
[Grid for name entry]		
DATE OF BIRTH MM/DD/YY	U.S. SOCIAL SECURITY	INTERNATIONAL CANDIDATE PASSPORT NUMBER
[Grid for birth date, SSN, and passport number]		
MAILING ADDRESS		
[Grid for mailing address]		
ADDRESS CONT'D	APT No.	
[Grid for address continuation and apartment number]		
CITY AND STATE / PROVINCE / COUNTRY		ZIP CODE
[Grid for city/state/country and zip code]		
HOME TELEPHONE NUMBER	WORK TELEPHONE	FAX TELEPHONE NUMBER
[Grid for home, work, and fax phone numbers]		
E-MAIL ADDRESS		
[Grid for email address]		

2. PLEASE INDICATE ONE OF THE FOLLOWING

<input type="checkbox"/> SEMINAR <u>AND</u> EXAM- MEMBER \$1550/NON-MEMBER \$1630	<input type="checkbox"/> EXAM <u>ONLY</u> - MEMBER \$400/NON-MEMBER \$480
1 st Site Code: _____ Exam Date: _____ City/State: _____ *Submission Deadline: _____	
2 nd Site Code: _____ Exam Date: _____ City/State: _____ *Submission Deadline: _____	
3 rd 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 available location will be selected. Please **do not** make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department.

LAST NAME: _____ FIRST NAME: _____

3. ASSOCIATIONS

Type of Business (Check ONE only)	Job Classification (Check ONE only)	Your Technical Interests Place a number on line in choice order (1-2-3, etc.)
A <input type="checkbox"/> Contract construction	01 <input type="checkbox"/> President, owner, partner, officer	1 _____ Robotics
B <input type="checkbox"/> Chemicals & allied products	02 <input type="checkbox"/> Manager, director, superintendent (or assistant)	2 _____ Computerization of Welding
C <input type="checkbox"/> Petroleum & coal industries	03 <input type="checkbox"/> Sales	A _____ Ferrous metals
D <input type="checkbox"/> Primary metal industries	04 <input type="checkbox"/> Purchasing	B _____ Aluminum
E <input type="checkbox"/> Fabricated metal products	05 <input type="checkbox"/> Engineer — welding	C _____ Non-ferrous except aluminum
F <input type="checkbox"/> Machinery except elect. (incl. gas welding)	06 <input type="checkbox"/> Engineer — other	D _____ Advanced materials/intermetallics
G <input type="checkbox"/> Electrical equip. supplies, electrodes	07 <input type="checkbox"/> Inspector, tester	E _____ Ceramics
H <input type="checkbox"/> Transportation equip. - air, aerospace	08 <input type="checkbox"/> Supervisor, foreman	F _____ High energy Processes
I <input type="checkbox"/> Transportation equip. - automotive	09 <input type="checkbox"/> Welder, welding or cutting operator	G _____ Arc Welding
J <input type="checkbox"/> Transportation equip. - boats, ships	10 <input type="checkbox"/> Architect, designer	H _____ Brazing & Soldering
K <input type="checkbox"/> Transportation equip. - railroad	11 <input type="checkbox"/> Consultant	I _____ Resistance Welding
L <input type="checkbox"/> Utilities	12 <input type="checkbox"/> Metallurgist	J _____ Thermal Spray
M <input type="checkbox"/> Welding distributors & retail trade	13 <input type="checkbox"/> Research & development	K _____ Cutting
N <input type="checkbox"/> Misc. repair services (incl. welding shops)	14 <input type="checkbox"/> Technician	L _____ NDT
O <input type="checkbox"/> Educational services (univ. libraries, schools)	15 <input type="checkbox"/> Educator	M _____ Safety & Health
P <input type="checkbox"/> Engr. & architectural services (incl. assns.)	16 <input type="checkbox"/> Student	N _____ Pipe & Tubing
Q <input type="checkbox"/> Misc. business services (incl. commercial labs)	17 <input type="checkbox"/> Librarian	O _____ Pressure Vessels & Tanks
R <input type="checkbox"/> Governments (federal, state, local)	18 <input type="checkbox"/> Customer service	P _____ Structures
S <input type="checkbox"/> other _____	19 <input type="checkbox"/> Other _____	Q _____ Roll Forming
T <input type="checkbox"/> Structural Steel Fab	20 <input type="checkbox"/> Engineer - Design	R _____ Sheet metal
U <input type="checkbox"/> Misc Steel Fab	21 <input type="checkbox"/> Engineer - Manufacturing	S _____ Stamping & punching
V <input type="checkbox"/> Misc MatrlFab	22 <input type="checkbox"/> Quality Control	T _____ Bending & shearing
W <input type="checkbox"/> Elct & Eltr Mac		U _____ Aerospace
X <input type="checkbox"/> Meas & Anly Inst		V _____ Automotive
		W _____ Machinery
		X _____ Marine
		Y _____ Other
		Z _____ Automation

4. QUALIFYING WORK EXPERIENCE – NO RESUMES ACCEPTED

Education and experience requirements are detailed in the *AWS B5.9:2000 Specification for the Qualification of Welding Supervisors*.

Experience Alternative: Three years of teaching experience may be substituted for a maximum of one year of the practical experience requirement with proper documentation (e.g. photocopied summaries of subject taught, teaching certificates, and letters of reference). Relevant experience shall be considered on the following basis: teaching full-time (or teaching part-time at a full-time equivalence) in a trade, technical school, college or university, the occupational skill of welding or subjects relating to welding, its application, control, materials, and processes.

CHECK HERE ONLY IF SUBSTITUTION OF TEACHING EXPERIENCE IS SUBMITTED.

EDUCATIONAL LEVEL — APPLICANTS APPLYING FOR THE CWS EXAMINATION MUST BE A HIGH SCHOOL GRADUTE OR HAVE ACHIEVED A GED CERTIFICATE. PLEASE VERIFY EDUCATION LEVEL BELOW.

<input type="checkbox"/> High school graduate or achieved GED certificate	MUST document at least three years of work experience in the Qualifying Work Experience Section below **Refer to the B5.9:2000**
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LAST NAME: _____ FIRST NAME: _____

5. Qualifying Work Experience

Experience: Three years requirement of practical experience in the welding-related industry in an occupational function that has a direct relationship with weldments fabricated to a code, specification, or other standard, and is directly involved in at least one of the following: Design, Production, Construction, Inspection, or Repair. Please document three years of qualifying experience in the spaces below.

(INITIALS) I understand that all work experience documented on this application may be verified with both past and present employers.

**** NOTE: PLEASE DUPLICATE THIS PAGE FOR IN ORDER TO MEET THE WORK EXPERIENCE REQUIREMENTS FOR CWS ELIGIBILITY.**

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: (Mo.) (Yr.)		To: (Mo.) (Yr.)
Job Responsibilities- Detailed Description Required*					

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

LAST NAME: _____ FIRST NAME: _____

6. 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.

Employee's last name: _____ First name: _____ MI: _____

Employer Name: _____ Phone: () _____

Employer Address: _____

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

Supervisor / Personnel Manager: _____ Dept/Div: _____

Supervisor / Personnel Manager's Email: _____

PLEASE PRINT EXCEPT FOR SIGNATURE

I verify that _____, is or was an employee at this company and conducted the duties during the time of employment stated in this application.

Name: _____ Title: _____

Signature: _____ Date: _____

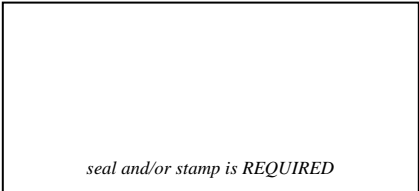
7. TESTIMONIAL: (Applicants must read and sign the following statement in front of a notary)

I hereby certify that I have read the requirements contained in the documents AWS B5.9:2000 Specification of Qualification of Welding Supervisor and QC13:2005 Standard for AWS Certification of Welding Supervisors. 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. I further understand that any required information that is incomplete or missing will cancel this registration.

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 _____ Sworn to and subscribed before me this _____ day of _____ 20____. My commission expires _____

Notary Public Signature _____





BODY OF KNOWLEDGE

AWS Certified Welding Supervisor

Candidates are required to take and pass two 2-hour written examinations. One exam is titled *Fundamentals of Welding Supervision* and consists of 150 questions. The second part is titled *Welding Practices and Economics* and consists of 30 questions. The candidates must score 70% on each of the two examinations parts. The candidates are allowed to use any books they feel necessary to take the exams.

The weighting for the subject areas specified in Section 4 of AWS B5.9, *Specification for the Qualification of Welding Supervisors*, are listed below expressed in terms of approximate percentage of questions used on the written examinations.

- 6.2.1 Knowledge of Welding Supervision – 5%
- 6.2.2 Understanding of Drawings and Specifications – 10%
- 6.2.3 Knowledge of Base Material and Welding Materials – 5%
- 6.2.4 Familiarity with Welding, Brazing, Cutting Equipment, Theory and Application – 5%
- 6.2.5 Knowledge of Safety Requirements – 10%
- 6.2.6 Welding Instructions – 10%
- 6.2.7 Knowledge of Welding Practices and Production Controls – 10%
- 6.2.8 Welding Inspection – 5%
- 6.2.9 Work Reports and Records – 5%
- 6.2.10 Understanding the General Applications of Welding Standards – 5%
- 6.2.11 Productivity and Performance – 30%

AWS-RECOMMENDED Certified Welding Supervisor Examinations Preparation

SELF-STUDY MATERIAL

AWS PUBLICATIONS	ORDER NUMBER
Standard Symbols for Welding	AWS A2.4-98
Standard Welding Terms and Definitions	AWS A3.0:2001
Economics of Welding and Cutting ARE-12	
Certification Manual for Welding Supervisors	CMWS:2005
Safety in Welding Cutting, and Allied Processes	ANSI Z49.1:2005



AWS Policies and Fees

IMPORTANT NOTICE!!

"No Show" Penalty

IF A CANDIDATE FAILS TO CANCEL, RESCHEDULE OR SHOW UP TO THE SEMINAR/EXAM OR EXAM ALL FEES ARE FORFEIT.

Seminar and/or Exam Cancellation

THE CERTIFICATION DEPARTMENT MUST RECEIVE A [CHANGE OF SITE/CANCELLATION](#) FORM VIA EMAIL OR FAX NO LATER THAN TWO WEEKS PRIOR TO THE WEEK OF THE CONFIRMED SEMINAR/EXAM OR EXAM START DATE. A REFUND IS ISSUED MINUS THE CANCELLATION FEE. THE FEES ARE AS FOLLOWS:

SEMINAR ONLY	- \$550
EXAM ONLY	- \$200
SEMINAR AND EXAM	- \$750

Seminar/Exam or Exam Rescheduling

THE CERTIFICATION DEPARTMENT MUST RECEIVE A [CHANGE OF SITE/CANCELLATION](#) FORM VIA EMAIL OR FAX. IF NOT RECEIVED, THE "NO SHOW" PENALTY WILL APPLY. ONLY THE 1ST TWO (2) RESCHEDULING REQUESTS RECEIVED ARE PROCESSED WITHOUT CHARGE. ANY ADDITIONAL RESCHEDULING REQUESTS RECEIVED ARE CHARGED A RESCHEDULING FEE AND MUST BE PAID IN FULL PRIOR TO YOUR RESCHEDULING REQUEST BEING PROCESSED. THE RESCHEDULING FEES ARE AS FOLLOWS:

SEMINAR ONLY	- \$350
EXAM ONLY	- \$200
SEMINAR AND EXAM	- \$550

Reschedule/Cancellation Requests

RESCHEDULE/CANCELLATION REQUESTS **ARE NOT** ACCEPTED THE WEEK OF THE CONFIRMED EVENT. FAILING TO SHOW UP ("NO SHOW") FOR YOUR SCHEDULED SEMINAR/EXAM OR EXAM RESULTS IN FORFEIT OF ALL FEES.

Fast Track

THE APPLICATION SUBMISSION DEADLINE IS SIX (6) WEEKS PRIOR TO THE WEEK OF THE SCHEDULED SEMINAR/EXAM OR EXAM DATE. PLEASE REFER TO THE SEMINAR/EXAM SCHEDULE TO CONFIRM THE SUBMISSION DEADLINE DATE. AN APPLICATION RECEIVED AFTER THE SUBMISSION DEADLINE AND/OR FEES PAID IN FULL AFTER THE SUBMISSION DEADLINE DATE, BUT NO LATER THAN THREE WEEKS PRIOR TO THE WEEK OF THE EVENT IS PROCESSED FOR THE REQUESTED TEST SITE IF SPACE IS AVAILABLE. \$250 FAST TRACK FEE IS CHARGED FOR THIS SERVICE. FULL PAYMENT FOR THE APPLICATION AND FAST TRACK FEE IS REQUIRED IN ORDER FOR TO BE PROCESSED AND COMPLETE REGISTRATION. PLEASE DO NOT MAKE TRAVEL OR HOTEL ARRANGEMENTS PRIOR TO RECEIVING A CONFIRMATION LETTER FOR THE SEMINAR/EXAM OR EXAM.

Processing Fee

THE PROCESSING FEE IS INCLUDED IN ALL CERTIFICATION PRICE LIST FEES. IF A CANDIDATE DOES NOT MEET THE QUALIFICATION REQUIREMENTS, A REFUND IS ISSUED MINUS \$75 PROCESSING FEE.

ALL FEES ARE NONTRANSFERABLE. FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE. AWS RESERVES THE RIGHT TO CANCEL ANY SEMINAR AND/OR EXAM IF THERE ARE AN INSUFFICIENT NUMBER OF PARTICIPANTS. IN THE EVENT OF CANCELLATION BY AWS, ALL SEMINAR/EXAM FEES WILL BE REFUNDED IN FULL, OR THE PARTICIPANT MAY TRANSFER TO THE NEXT AVAILABLE SEMINAR AND/EXAM OR EXAM. IN EITHER CASE, AWS SHALL HAVE NO FURTHER LIABILITY.