



**American Welding Society**

550 N.W. LeJeune Road, Miami, FL 33126  
(800) 443-9353 or (305) 443-9353, ext. 273

## **SENIOR CERTIFIED WELDING INSPECTOR PROGRAM INFORMATION**

To qualify for the SCWI examination, you must be a high school graduate, have a minimum of fifteen years experience in an occupational function that has a direct relationship to welded assemblies fabricated to nation or international standards, and have been certified as a CWI for a minimum of six (6) years.

For CWI applicants doing their sixth year renewal or 9-year recertification who want to pursue and qualify for SCWI certification will need to complete and submit the Senior Welding Inspector Exam application. If you are successful in passing the SCWI examination, your CWI certification number will be retired and a new certification will be issued indicating your new certification date and SCWI status. In case you are not successful in passing the SCWI exam, it is recommended you complete and submit your renewal application or 9-year recertification application to maintain your CWI certification. All fees will apply.

To qualify for examination registration, a Senior Welding Inspector Exam Only Application and the required supporting documentation must be submitted and approved. Applications with incomplete or missing information will be considered unqualified unless the missing documentation can be provided within two (2) week of being notified (via telephone or email) that their application is incomplete. If the applicant fails to meet the qualification criteria for the exam, the exam fee will be refunded minus a processing fee.

Please allow adequate time for your application to be processed. Applicants who have been accepted for the exam will receive a confirmation package via email. If an email address is not provided, your package will be mailed.

The Application Submission Deadline is six (6) weeks prior to the scheduled exam date. Please refer to the seminar/exam schedule to confirm the submission deadline date. If an application is received after the six week deadline and no less than two (2) weeks prior to the exam start date, AWS will process the application for the requested test site if space is available. A **\$250 Fast Track Fee** will be assessed for this service. Please do not make travel or hotel arrangements prior to receiving a confirmation letter for the exam.

**Faxed or emailed applications are not accepted.** We recommend that you use priority mail with tracking options when mailing your application. If you choose to mail you application via overnight delivery, please mail directly to:

**American Welding Society 550 NW LeJeune Road Miami, FL 33126**

Please retain a copy of the application for your records. All checks and money orders are to be made payable to AWS. If you have any questions or concerns, please contact the AWS Certification Department at: (800) 443-9353, ext. 273. Our Certification Coordinators are available to assist you Monday through Friday from 8:00 am to 5:00 pm EST.



Name: \_\_\_\_\_

Date: \_\_\_\_\_

**4. 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

**6. EDUCATION LEVEL**

**MUST MEET THE FOLLOWING REQUIREMENTS:**

High school graduate or hold a state or military approved high school equivalency diploma. *(Please refer to the AWS B5.1)*

Minimum of fifteen (15) years experience in an occupational function that has a direct relationship to welded assemblies fabricated to national or international standards. *(Please refer to the AWS B5.5)*

Shall have been certified as a CWI for a minimum of six (6) years.

**7. ADDITIONAL EDUCATION AND EXPERIENCE: A maximum of two (2) years of post high school education may be substituted for an equal number of years of work experience according to 5.5 of AWS B5.1**

<input type="checkbox"/> VoTech credits - <b>MUST</b> attach transcripts of welding related courses or diploma	Circle no. of years attended 0 1 2 3 4	<b>Maximum one (1) year</b> 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 - <b>MUST</b> attach transcripts of engineering-level courses or diploma	Circle no. of years attended 0 1 2 3 4	<b>Maximum two (2) years</b> work substitution credit <i>only</i> if the degree is in engineering technology, engineering, or physical science

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**\*\* NOTE: PLEASE DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE QUALIFYING WORK EXPERIENCE REQUIREMENTS FOR SCWI 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: (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		
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		
Supervisor's Email Address				Department	
Applicant's Job Title			Employed From: (Mo.) (Yr.)		To: (Mo.) (Yr.)
Job Responsibilities- Detailed Description Required*					

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**9. 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.

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: \_\_\_\_\_

I verify that \_\_\_\_\_ is or was an employee at your company and conducts the duties during the employment periods stated in this application?  No  Yes

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**10. 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 the certification programs indicated above. 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 \_\_\_\_\_ Date: \_\_\_\_\_

**THE FOLLOWING IS TO BE COMPLETED BY THE NOTARY PUBLIC**  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
My commission expires \_\_\_\_\_ Notary Public Signature \_\_\_\_\_ (seal and/or stamp is REQUIRED)



# BODY OF KNOWLEDGE

## Senior Certified Welding Inspector

All examinations for the AWS Senior Certified Welding Inspector are in open-book format. Candidates may bring to the examination site any reference materials that they feel will assist them in taking the examinations.

The SCWI examinations will consist of two open book examinations, each lasting two hours. All applicants shall successfully meet the SCWI requirements as contained in 6.2 of AWS B5.1, *Specification for the Qualification of Welding Inspectors*. Candidates must pass each exam part with a minimum of 72%.

Approximate subject weights for the two examination parts are as follows:

Welding and allied processes	5% of total questions
Heat control and metallurgy	10%
NDE fundamentals	10%
NDE applicability	1%
Destructive testing	5%
Welding procedure qualification	10%
Welding Personnel Qualification and Certification	10%
Welding Inspection and NDE Personnel Qualification and Certification	10%
Quality assurance	10%
Safety programs and procedures	5%
Project management	5%
Personnel management and training	5%

### **AWS-RECOMMENDED SELF-STUDY Examination Preparatory Material**

#### **AWS PUBLICATIONS**

Standard for AWS Certification of Welding Inspectors  
 Welding Handbook  
 Welding Handbook  
 Guide for the Nondestructive Testing of Welds  
 Guide for the Visual Inspection of Welds  
 Specification for Welding Procedure and Performance Qualification  
 Standard Methods for the Mechanical Testing of Welds  
 Recommended Practices for Welding Austenitic Chromium -  
 Nickel Stainless Steel Piping and Tubing  
 Welding Inspection Handbook 2000  
 Welding Inspection Technology  
 SNT-TC-1A, 2001 or 2006 Edition  
 ANSI Z49.1  
 ISO 9001

#### **ORDER NUMBER**

QC1:2007  
 Vol. 1, 8<sup>th</sup> or 9<sup>th</sup> edition  
 Vol. 4, Part 2, 8<sup>th</sup>  
 B1.10:2009  
 B1.11:2000  
 B2.1:2005 or B2.1:2009  
 B4.0:2007  
  
 D10.4:1986  
 WI:2000  
 WIT-T:2008  
 Available through ASNT: 800-222-2768  
[www.awspubs.org](http://www.awspubs.org)  
[www.iso.org](http://www.iso.org)

**TO ORDER ANY OF THE ABOVE PUBLICATIONS CONTACT:**

**WEX (888) WELDING ♦ (305) 824-1177 or visit the website at: [www.aws.org/standards](http://www.aws.org/standards)**



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 (305)443-9353 (800)443-9353 ext 273 Fax (305)443-6445  
 Email: [certification@aws.org](mailto:certification@aws.org) Website: <http://www.aws.org>

## **AWS POLICIES AND FEES**

### **IMPORTANT NOTICE!!**

#### **“NO SHOW” PENALTY**

If a candidate fails to cancel or reschedule, all fees will be forfeited. A [Change of Site/Cancellation](#) form must be received via email or fax within two (2) weeks of your confirmed seminar/exam or exam start date. The candidate must call the Certification Department to confirm receipt (800)443-9353 ext 273.

#### **SEMINAR AND/OR EXAM CANCELLATION**

The Certification Department must receive a [Change of Site/Cancellation](#) form via email or fax within two weeks of the confirmed seminar/exam or exam start date. A refund will be issued minus the cancellation fee. The fees are as follows:

<b>Seminar Only</b>	<b>- \$550</b>
<b>Exam Only</b>	<b>- \$140</b>
<b>Seminar and Exam</b>	<b>- \$690</b>

#### **PROCESSING FEE**

A processing fee is included with all certification exam prices. If a candidate does not qualify to sit for the AWS certification exam, a refund will be issued less the **\$75 processing fee**.

#### **FAST TRACK**

The Application Submission Deadline is six (6) weeks prior to the scheduled seminar/exam or exam date. Please refer to the seminar/exam schedule to confirm the submission deadline date. If an application is received after the six week deadline and no less than two (2) weeks prior to the seminar/exam or exam start date, AWS will process the application for the requested test site if space is available. A **\$250 Fast Track Fee** will be assessed for this service. Please do not make travel or hotel arrangements prior to receiving a confirmation letter for the seminar/exam or exam.

#### **SEMINAR/EXAM OR EXAM RESCHEDULING**

The Certification Department must receive a [Change of Site/Cancellation](#) form via email or fax within 2 weeks of the confirmed seminar/exam or exam date. If not received, the “No Show” penalty will apply. Only two (2) rescheduling requests are permitted per calendar year. An additional rescheduling fee will be charged and must be paid in full prior to your rescheduling request being processed. The rescheduling fees are as follows:

<b>Seminar Only</b>	<b>- \$350</b>
<b>Exam Only</b>	<b>- \$140</b>
<b>Seminar and Exam</b>	<b>- \$490</b>

#### **RESCHEDULE/CANCELLATION REQUESTS**

Reschedule/Cancellation requests **WILL NOT** be accepted the week of your scheduled seminar/exam or exam date. No transfers or cancellations will be accepted after the above transfer deadline. Failure to show up (“No Shows”) for your scheduled seminar/exam or exam will result in forfeiture of the fees.

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.

In accordance with the **Americans with Disabilities Act** (ADA), AWS strives to accommodate all participants with special needs. If you require assistance, please inform the AWS Certification Department, (800) 443-9353, ext. 273, well in advance of the date of the exam.

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 This form must be signed by the applicant and returned with your completed exam application in order to receive confirmation for the exam. Please retain a copy for your records.

\_\_\_\_\_  
 Applicant’s Signature

\_\_\_\_\_  
 Date