



CWI/CWE Re-Exam Information

The CWI/CWE Re-Exam Application is to be used only by those individuals who have taken the AWS CWI/CWE examination, and whose score(s) did not qualify them for CWI and/or CWE certification.

If you are taking the re-exam for CWI certification and the average of the three parts of your **INITIAL** exam was less than 72%, you are required to retest all three parts. If your average was $\geq 72\%$ on your **INITIAL** exam, you may retest only the parts on which you failed to achieve the CWI passing grade. Your first retest must occur **WITHIN** one (1) year following the date of your **INITIAL** exam; otherwise, you must provide evidence of 40 hours of additional training before being allowed to retest. If a second or third retest is required, you must provide evidence of 40 hours of additional training before being allowed to retest in each case. A maximum of three (3) retests are permitted in the three-year period from your initial exam date. If you took the CWI Part B exam or an endorsement exam for 9-Year Recertification and failed the 72% minimum, you are permitted to retest only the same exam under the rules noted in the previous paragraph.

If this re-exam is for CWE certification only, you are required to retest only on the part [Part A or Part B] you failed to successfully pass at the CWE level (60%). Furthermore, no Visual Acuity Record (VAR) is required for CWE retests.

VISUAL ACUITY RECORD (VAR):

The VAR that is currently in your certification file cannot be dated more than (7) months prior to the date of your re-exam. If it exceeds (7) months, you will be required to provide a new Visual Acuity Record. A new or current copy of the VAR must accompany your retest application; otherwise, your application will not be processed.

RE-EXAM FEES:

All checks and money orders are made payable to AWS. Payment must accompany your application. No certification re-exam registration will be processed until payment has been fully satisfied.

PLEASE BE SURE TO VERIFY OR INCLUDE THE FOLLOWING BEFORE SUBMITTING YOUR APPLICATION TO AWS:

- Complete the application (the address indicated on the application is where your documents will be mailed).
- Include a new Visual Acuity Record (VAR) if you are retesting for CWI certification and the one on file is dated more than seven (7) months from the re-exam date.
- Include full payment with the application.

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. We strongly urge applicants to allow ample processing time so that we may serve your certification needs efficiently and accurately. Please **do not** make hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department. **FAXED OR EMAILED APPLICATIONS ARE NOT ACCEPTED**

If there are any questions or concerns regarding the CWI/CWE Re-Exam process, please feel free to contact the AWS Certification Department at: 1-800-443-9353, ext. 273. Our Certification Coordinators are available to assist you Monday through Friday from 8:00 am to 5:00 pm.



CWI ONLY OR CWI/CWE COMBO RE-EXAM APPLICATION

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

Faxed or emailed applications are NOT accepted

Form with fields for APPLICANT'S LAST NAME, FIRST NAME, MI, MAILING ADDRESS, APT #, ADDRESS CONT'D, CITY, STATE, ZIP CODE, SOCIAL SECURITY NUMBER, DATE OF BIRTH, HOME TELEPHONE NUMBER, MOBILE TELEPHONE NUMBER, and E-MAIL.

Original exam date
Have you re-tested since your original exam date?
Account #
Certification # (if applicable)
If taking a non-AWS seminar prior to exam, please answer the following:
Name of Agency
City, State
Seminar date

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

METHOD OF PAYMENT

Payment must accompany your application.

Payment options: Check or Money Order #, VISA, MC, AMEX, Diners, Discover. Credit Card # field.

Expiration Date (Mo, Yr) and Signature line.

AWS USE ONLY

Fields for Date, Acct #, and Amt \$.

PLEASE CHECK TEST PART(S)

Test part selection checkboxes: Part A - Fundamental, Part B - Practical, Part C - Code Application (D1.1, API-1104, D1.2, D15.1, D1.5, ASME VIII, ASME IX, ASME IX, B31.1, B31.3).

ADD CWE CERTIFICATION checkbox.

- REQUIRED DOCUMENTS:
- WELDER CERTIFICATION OR TEST RECORD
- CWE WELDING INSTRUCTOR CREDENTIALS

PLEASE INDICATE THE EXAM LOCATION OF YOUR CHOICE ALLOW 3-4 WEEKS PROCESSING TIME. CONFIRMATION LETTERS WILL BE EMAILED UNLESS EMAIL ADDRESS IS NOT INDICATED

AWS Seminar/Exam Schedule- Please visit our website http://www.aws.org/certification/seminarexam/
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 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.

Please indicate the following seminar of your choice or choose "Examination only"

Grid of seminar options:
[] API-1104 Code Clinic workshop (code book not supplied)
[] API1104 Seminar Week Pak (code book not supplied)
[] Welding Inspection Technology workshop
[] EXAMINATION ONLY
[] D1.1 Code Clinic workshop (code book not supplied)
[] D1.1 Seminar Week Pak
[] Visual Inspection Workshop
[] Seminar Retake Week Course (books not included) Available to candidates within one year of their original seminar start date.

AWS Policies and Fees Please visit our website http://www.aws.org/certification/policiesfees/



American Welding Society

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

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: _____