

LAST NAME:

FIRST NAME:

ASSOCIATIONS

TYPE OF BUSINESS CHECK ONE BOX	JOB CLASSIFICATION CHECK ONE BOX	YOUR TECHNICAL INTERESTS FILL IN ORDER OF PRIORITY (1,2,3,ETC.)
A. <input type="checkbox"/> Contract Construction	01. <input type="checkbox"/> President, owner, partner, officer	A. ___ Ferrous metals
B. <input type="checkbox"/> Chemicals, Allied Products	02. <input type="checkbox"/> Manager, director, superintendent	B. ___ Aluminum
C. <input type="checkbox"/> Petroleum & Coal Industries	03. <input type="checkbox"/> Sales	C. ___ Nonferrous metals except aluminum
D. <input type="checkbox"/> Primary Metal Industries	04. <input type="checkbox"/> Purchasing	D. ___ Advanced materials, intermetallics
E. <input type="checkbox"/> Fabricated Metal Products	05. <input type="checkbox"/> Engineer – welding	E. ___ Ceramics
F. <input type="checkbox"/> Machinery except electrical	06. <input type="checkbox"/> Engineer – other	F. ___ High energy beam processes
G. <input type="checkbox"/> Electrical equipment, supplies, electrodes	07. <input type="checkbox"/> Inspector, tester	G. ___ Arc Welding
H. <input type="checkbox"/> Transport equipment, air, aerospace	08. <input type="checkbox"/> Supervisor, foreman	H. ___ Brazing and soldering
I. <input type="checkbox"/> Transport equipment, automotive	09. <input type="checkbox"/> Welder, welding or cutting operator	I. ___ Resistance welding
J. <input type="checkbox"/> Transport equipment, boats, ships	10. <input type="checkbox"/> Architect, designer	J. ___ Thermal spraying
K. <input type="checkbox"/> Transport equipment, railroad	11. <input type="checkbox"/> Consultant	K. ___ Cutting
L. <input type="checkbox"/> Utilities	12. <input type="checkbox"/> Metallurgist	L. ___ NDE
M. <input type="checkbox"/> Welding distributorship & retail trade	13. <input type="checkbox"/> Research and development	M. ___ Safety and health
N. <input type="checkbox"/> Misc. repair services inc. welding	14. <input type="checkbox"/> Technician	N. ___ Bending and shearing
O. <input type="checkbox"/> Education services inc. schools, libraries	15. <input type="checkbox"/> Educator	O. ___ Roll forming
P. <input type="checkbox"/> Engineering & architectural services	16. <input type="checkbox"/> Student	P. ___ Stamping and punching
Q. <input type="checkbox"/> Misc. business services inc. laboratories	17. <input type="checkbox"/> Librarian	Q. ___ Aerospace
R. <input type="checkbox"/> Governmental (federal, state, local)	18. <input type="checkbox"/> Customer service	R. ___ Automotive
S. <input type="checkbox"/> Other	19. <input type="checkbox"/> Other	S. ___ Machinery
YOUR COMPANY’S #1 PRODUCT/SERVICE		T. ___ Marine
		U. ___ Piping and tubing
		V. ___ Pressure vessels and tanks
		W. ___ Sheet Metal
		X. ___ Structures
		Y. ___ Other
		Z. ___ Automation
		AA. ___ Robotics
		BB. ___ Computerization of welding

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QUALIFYING WORK EXPERIENCE – NO RESUMES ACCEPTED

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

****NOTE: PLEASE DUPLICATE THIS PAGE FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE WORK EXPERIENCE REQUIREMENTS FOR CWS RENEWAL.**

Company Name: _____ Phone: () _____

Mailing Address: _____

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

Supervisor / Personnel Manager: _____ Dept/Div.: _____

Supervisor / Personnel Manager's E-mail: _____

JOB TITLE	FROM MONTH/YEAR	TO MONTH/YEAR
1.		
2.		
3.		
4.		
5.		

COMPANY PRODUCTS

Is your employer's products fabricated in accordance with:

- a company
 a US standard
 an international standard
 no standard

YOUR DUTIES AND RESPONSIBILITIES:

Please check which activities you performed within the past three years:

- Prepare welding plans and/or drawings
- Plan or control materials, procedures, and operations for weldment fabrication
- Perform, supervise or monitor joint preparation for weldment fabrication
- Perform, supervise, monitor, witness, and/or approve inspection of joint preparation
- Supervise or monitor weldment fabrication and/or repairs
- Develop welding inspection procedures
- Perform, supervise, monitor, witness, and/or approve inspection of fabricated weldments
- Train welders to fabricate weldments
- Train inspectors to inspect weldments

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EMPLOYMENT VERIFICATION

PLEASE HAVE THIS SECTION COMPLETED BY A SUPERVISOR OR PERSONNEL MANAGER FROM YOUR MOST RECENT EMPLOYER. IF YOU ARE SELF-EMPLOYED, YOU MUST INSTEAD SUBMIT TWO NOTARIZED LETTERS OF REFERENCE FROM SEPARATE CLIENTS.

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: _____, whose social security number is: _____ is / was
(circle one)

employed by this company and conducted the duties submitted in this application during the employment periods submitted in this application.

My name is: _____ My job title is: _____

Date: _____ Signature: _____

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 document AWS B5.9:2005 Specification for the Qualification of Welding Supervisors 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 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 CWS 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 information that is incomplete or missing will consider this application on conditional basis in which it will render the release of my renewal.

Applicant's Signature _____ Sworn to and subscribed before me this

_____ day of _____ 200____. My commission expires _____

Notary Public Signature _____

