CWS- Certified Welding Supervisor
Initial Exam Application

Applicants Information:

Last Name: _____________________________ First Name: _________________________ Middle: ______________

Step 1: Application must comply with ALL items listed below.

Check sections for compliance as you are vet the application.

- Sec. 1: Payment Method – Please include your Company’s Purchase Order
- Sec. 2: Personal Information – Please make sure your name matches your current Government issued ID.
- Sec. 3: Seminar Location – Site Code (if Applicable), Exam Date, City/State, and Submission Deadline
- Sec. 4: American Disabilities Act (ADA): if applicable, candidate must print a copy of our ADA package and follow the instructions. www.aws.org/ada-disability-accommodations
- Sec. 5: Associations – Type of Business, Job Classification and Technical Interests.
- Sec. 6: Education – applicants must have a high school diploma or have obtained a state or military approved High school equivalency diploma.
- Sec. 7: Qualifying Work Experience - Resumes are not accepted. This section must be completely filled out.
- Sec. 8: Employment Verification – QWE must be submitted for the company signing this section. All fields are mandatory
- Sec. 9: Photo Requirement – To learn more, review the information on how to provide a suitable photo for your wallet card on our web www.aws.org/certification
- Sec. 10: Proof of Identity – current color copy of government passport or national ID
- Sec. 11: Terms and Conditions – This section of the application must be read, checked, dated, and signed by the applicant taking the exam.

1. Method of Payment- all checks and money orders should be made payable to AWS.

<table>
<thead>
<tr>
<th>Payment must accompany your application</th>
<th>AWS USE ONLY</th>
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<tbody>
<tr>
<td>□ Check or money order #</td>
<td>Acct #:</td>
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<td>□ VISA □ MC □ AMEX □ Discover</td>
<td>Date:</td>
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<td>CVV: __________</td>
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<td>CC#: <strong><strong><strong><strong><strong>/</strong></strong></strong></strong></strong>/________<strong>/</strong>_______ Exp: _<em><strong><strong><strong>/</strong></strong></strong></em></td>
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<tr>
<td>SIGNATURE: ___________________________</td>
<td>AMT$: __________CWS</td>
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8669 NW 36 St., #130 Miami, FL 33166
(800) 443-9353 or (305) 443-9353, ext. 273

For your convenience, please use our Candidate Registration Portal. Effective November 15th, 2019, applications sent to our headquarters by email or paper will be charged an additional $125.00.
2. Personal Information

Name must match current Government Issue ID

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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<tr>
<th>Street Address</th>
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<tr>
<th>Home Telephone</th>
<th>Work Telephone</th>
<th>Mobile Telephone</th>
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<tr>
<th>Email</th>
<th>Date of Birth MM/DD/YY</th>
<th>Last Four Digits of SS#</th>
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NOTE:
This exam will be offered all over the US in convenient locations using computer based testing with our partners at Prometric. After your application has been submitted and approved, you will be provided with an Authorization to Test (ATT) Letter in order to schedule your appointment through Prometric at one of their centers.

3. Seminar Location

Confirmation will be emailed in 3-4 weeks from receipt

1st *Site Code: ________________ Exam Date: _________________ City/State: __________________________ Submission Deadline: ________________

2nd *Site Code: ________________ Exam Date: _________________ City/State: __________________________ Submission Deadline: ________________

*Only if applicable

NOTE: If the first choice is not available, registration will indicate the next available choice site. DO NOT make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department via email.

Check the Following:

- Seminar Only
- Exam Only
- Seminar and Exam

Check and Complete the Following:

Have you obtained an AWS Certification?  Yes  No  If yes, Certification #: ______________________________

Are you an AWS Member?  Yes  No  If yes, Member #: ________________________________

☐ Check here if taking any seminar prior to the exam.

Name of Training Provider ________________________________________________________________

Location ___________________________  Date __________________________

4. American with Disability Act Accommodations

☐ By checking this box I am requesting special accommodations due to a disability. AWS is committed to complying fully with the ADA. [Click here](http://www.aws.org/certification) for a copy of the accommodations request package or visit our web http://www.aws.org/certification

Will you be using a glucose meter during your exam?  Yes ☐  No ☐
## 5. Associations

### Type of Business (check only ONE)
- [ ] A. Contract construction
- [ ] B. Chemicals & allied products
- [ ] C. Petroleum & coal industries
- [ ] D. Primary metal industries
- [ ] E. Fabricated metal products
- [ ] F. Machinery except elect. (incl. gas welding)
- [ ] G. Electrical equip., supplies, electrodes
- [ ] H. Transportation equip. - air, aerospace
- [ ] I. Transportation equip. - automotive
- [ ] J. Transportation equip. - boats, ships
- [ ] K. Transportation equip. - railroad
- [ ] L. Utilities
- [ ] M. Welding distributors & retail trade
- [ ] N. Misc. repair services (incl. welding shops)
- [ ] O. Educational Services (univ., libraries, schools)
- [ ] P. Engineering & architectural services (incl. assns.)
- [ ] Q. Misc. business services (incl. commercial labs)
- [ ] R. Government (federal, state, local)
- [ ] S. Other

### Job Classification (check only ONE)
- [ ] 01. President, owner, partner, officer
- [ ] 02. Manager, director, superintendent (or assistant)
- [ ] 03. Sales
- [ ] 04. Purchasing
- [ ] 05. Engineer — welding
- [ ] 06. Engineer — other
- [ ] 07. Inspector, tester
- [ ] 08. Supervisor, foreman
- [ ] 09. Welder, welding or cutting operator
- [ ] 10. Architect, designer
- [ ] 11. Consultant
- [ ] 12. Metallurgist
- [ ] 13. Research & development
- [ ] 14. Technician
- [ ] 15. Educator
- [ ] 16. Student
- [ ] 17. Librarian
- [ ] 18. Customer service
- [ ] 19. Other
- [ ] 20. Engineer - design
- [ ] 21. Engineer - manufacturing
- [ ] 22. Quality Control

### Technical Interests (check ALL that apply)
- [ ] Ferrous metals
- [ ] Aluminum
- [ ] Non-ferrous except aluminum
- [ ] Advanced materials/intermetallics
- [ ] Ceramics
- [ ] High energy Processes
- [ ] Arc Welding
- [ ] Brazing & Soldering
- [ ] Resistance Welding
- [ ] Thermal Spray
- [ ] Cutting
- [ ] NDT
- [ ] Safety & Health
- [ ] Pipe & Tubing
- [ ] Pressure Vessels & Tanks
- [ ] Structures
- [ ] Roll Forming
- [ ] Sheet metal
- [ ] Stamping & punching
- [ ] Bending & shearing
- [ ] Aerospace
- [ ] Automotive
- [ ] Machinery
- [ ] Marine
- [ ] Other
- [ ] Automation
- [ ] Robotics
- [ ] Computerization of Welding
Name __________________________ AWS Member No. __________________

6. Education – Please check if you meet the following requirement:

☐ Applicants applying for the CWS examination must have a high school diploma or have obtained a state or military approved high school equivalency diploma.

7. Qualifying Work Experience - Resumes NOT Accepted

Requirement: A minimum three (3) years of practical welding experience in a fabrication, construction or welding related industry. For alternatives experience qualifications, refer to the AWS B5.9 Specification for the Qualification of Welding Supervisors by visiting our [website](#).

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

**PLEASE DUPLICATE THIS PAGE TO MEET THE WORK EXPERIENCE REQUIREMENTS FOR CWS**

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<tr>
<th>Company Name</th>
<th>Type of Business</th>
<th>Company Phone Number</th>
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<th>Company Street Address</th>
<th>City, State, Zip Code</th>
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<table>
<thead>
<tr>
<th>Supervisor’s Name</th>
<th>Title of Immediate Supervisor</th>
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<th>Supervisor’s Email Address</th>
<th>Department</th>
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<tr>
<th>Applicant’s Job Title</th>
<th>Employed From:</th>
<th>To:</th>
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<td>(Mo.) (Yr.)</td>
<td>(Mo.) (Yr.)</td>
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**Job Responsibilities- Detailed Description Required**

8. Employment Verification

This section **MUST** 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 at __________________________ from __________________________ to __________________________.

Company Name __________________________ Date mm/yyyy to mm/yyyy or Present

Signature __________________________ Date __________________________

Supervisor/Personnel Manager
9. Photo Requirements

Applicants **MUST** submit one (1) passport-style color photograph. **Please print your name and membership number (if applicable) on the reverse of the photograph.** Your photo is a vital part of your application. To learn more, review the information on how to provide a suitable photo to avoid processing delays by visiting our [website](#). The acceptance of your photo is always at the discretion of the AWS.

**Photo Requirements:**
- Must be in color.
- Printed on photo quality paper.
- 2 x 2 inches (51 x 51 mm) in size.
- Sized such that the head is between 1 inch and 1 3/8 inches (between 25 and 35 mm) from the bottom of the chin to the top of the head.
- Taken within the last 6 months to reflect your current appearance.
- Taken in front of a plain white or off-white background.
- Taken in full-face view directly facing the camera with a neutral facial expression and both eyes open.

10. Proof of Identity

Please attach a color copy of your **current** Government issued ID to this application, such as a driver’s license or passport.

11. Terms and Conditions – Please check, Date, and Sign below

**CERTIFIED WELDING SUPERVISOR**

QC13 Standard for AWS Certification of Welding Supervisors.

B5.9 Specification of Qualification of Welding Supervisor.

☐ 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. 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, during, or after the exam as stated on the [Candidate Attestation Agreement](#) (Please click and read this link prior to accepting the Terms and Conditions. You will be required to sign this form on exam day). I understand that a violation of this oath may be grounds for invalidation of my certification and may be grounds for expulsion from any future testing.

Applicant’s Signature ________________________________ Date ____________________