# 16/40 Hour Retest Training Log

## Instructor's Information
First Name _____________________ Last Name _____________________ CWI # (if applicable) __________

## Facility Information
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State /Province</th>
<th>Zip Code</th>
<th>Country</th>
</tr>
</thead>
</table>

## Type of Facility
- □ College
- □ Vocational/Technical
- □ Training Institution

## Curriculum
- □ Private Tutor
- □ Online course
- □ Classroom Training

## Course/Subject(s) Covered
<table>
<thead>
<tr>
<th>Date(s) of Training</th>
<th>Time of training session(s)</th>
</tr>
</thead>
</table>

### Course/Subject(s) Covered

<table>
<thead>
<tr>
<th>Subject(s) Covered</th>
<th>Date(s) of Training</th>
<th>Time of training session(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.2.5.1 Full 3 Part Reexamination: Forty (40) hours of further training received in welding inspection in the exam subjects and categories in AWS B5.1. (AWS QC1: 2016-AMD1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2.5.2 1-Part or 2-part Retest: Sixteen (16) hours of further training received in welding inspection specific to the AWS B5.1 exam subjects and categories failed. (AWS QC1: 2016-AMD1)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The training documentation shall include a detailed description of the course(s) or other training means, the number of contact hours for each course or session, and a certificate or letter of completion. A contact hour shall consist of not less than 50 minutes of instruction and each Continuing Education Credit (CEU) shall be considered as 10 PDHs. If the required documentation cannot be supplied with the retest application, results will not be released until the required documentation is received.

**Training hours must be completed before the date of exam.**

### Candidate Attestation
- By signing below, I verify that I have been provided the additional training specified on the section above of the QC1:2016. I understand that any false information on this record can disqualify me from achieving any AWS certification. I give AWS permission to verify this information as needed.

______________________________
Candidate’s Signature

______________________________
Date

### Instructor Attestation
- By signing below, I verify that I have provided the additional training specified on the section above of the QC1:2016. I further understand that any false information provided on this record will result in sanctions to myself as well as preventing the candidate from achieving any AWS certification. I give AWS permission to verify this information as needed.

______________________________
Instructor’s Signature

______________________________
Date