Application must be completed and signed by the person taking the exam.

Certification # ___________________________ Exp. Date ______________________ AWS Member # ________________

Last Name ________________ First Name ________________ MI ________________

Address: ____________________________________________ Apt # ______________________

City and State / Province / Country: ____________________________ Zip Code ______________________

Home Telephone Number: ____________________________ Work Telephone Number: ____________________________ Mobile Telephone Number: ____________________________

Date of Birth (example November 30 1952): ____________________________ U.S. Social Security Number (last 4 only): ________________ X ________________ X ________________ X ________________ X ________________

E-Mail Address (confirmation notification will be sent to this address): ____________________________________________

1. Choose Re-Exam part (s)

☐ Part A - Fundamental ☐ Part B – Practical

☐ By checking this box, I am requesting special accommodations due to a disability. AWS is committed to complying fully with the ADA. Click here for a copy of the accommodations request package.

2. Indicate the Approved Testing Center (ATC) Location of your choice:

Site: ____________________________________________ Exam Date: ____________________________ City/State: ____________________________

Applicants for certification as CRAW operator or technician shall be required to achieve a pass mark of 75% correct on the written examination and on the performance test. The performance component of the exam involving a robotic system must be passed in a single session. A single session is considered a consecutive period of time such as starting at the end of one shift and completing at the beginning of that applicant’s next regularly scheduled shift.

Applicants who fail to meet the minimum scores may apply for re-examination for the part failed not less than thirty (30) days following notification of test results by AWS.

Applicants may apply to be examined for certification as many times as they may choose; however, no applicant may be examined more than three (3) times per calendar year.

3. Method of Payment

Payment must accompany this application
All checks and money orders made payable to AWS

☐ Check or money order # ____________________________

☐ VISA ☐ MC ☐ AMEX ☐ Discover

CC#: ________________ / ________________ / ________________ / ________________ Exp: ________________ / ________________

SIGNATURE: ___________________________________________________________________________________________ ________________ CVV: ________________

AWS USE ONLY

Acct #: ____________________________

Date: ____________________________

Amt $: ____________________________

CRAW RE-EXAM

Certified Robotic Arc Welding Re-exam Application

Faxed or emailed applications are NOT accepted.