Certified Radiographic Interpreter
Initial Application

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.

Last Name

First Name

AWS CERTIFICATION STATUS

Are you a current AWS Certified Welding Inspector (CWI)? ☐ Yes ☐ No If Yes, give certification number:

All applicants are required to submit documentation to meet Education, Training, and Experience requirements. CWIs please note substitution options for the required experience in Section IV.

1. Exam Options (chose one)

☐ Exam Only ☐ Seminar Only ☐ Exam & Seminar

Body of Knowledge

2. Indicate exam location of your choice: Confirmation is emailed in 3-4 weeks from receipt of application

Exam Schedule

1st Site Code_________________ Date__________________ City/State___________________________ *Submission Deadline________________________

2nd Site Code_________________ Date__________________ City/State___________________________ *Submission Deadline________________________

3rd Site Code_________________ Date__________________ City/State___________________________ *Submission Deadline________________________

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.

3. American with Disabilities 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 for a copy of the accommodations request package.

Will you be using a glucose meter during your exam? Yes ☐ No ☐

4. 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: __________________

Certification Price List

AWS USE ONLY

Acct #: __________________________

Date: __________________________

Amt $: __________________________

8669 NW 36 St., #130 Miami, FL 33166-6672
(800) 443-9353 or (305) 443-9353, ext. 273
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<tr>
<th>Name</th>
<th>AWS Membership #</th>
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**Address**

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**City and State / Province / Country**

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**Home Telephone Number**

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**Work Telephone Number**

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**Mobile Telephone Number**

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**Date of Birth** *(example November 30 1952)*

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**U.S. Social Security Number** *(last 4 only)*

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

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### 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
Education, Training, And Experience Records

I. Education Records

Applicants shall have at least a valid High School Diploma or General Equivalency Diploma (GED)

You must attach documentation for your highest level of education achievement. Copies of diplomas or transcripts are acceptable. All documentation must be in English or accompanied by an English translation.

Highest Level of Educational Achievement Institution where your highest level of education was obtained as it relates to your AWS RI certification

☐ High School or GED Institution ________________________________

☐ 2-or more years of College Address ________________________________

☐ 2-year Technical/College Degree ________________________________

☐ 4-year College Degree Major Course of Study ________________________

☐ Graduate Degree Degree ________________________________

II. Training Records

Applicants shall have a minimum of 40 hours organized training in radiographic interpretation covering the body of knowledge described in Section 9 of AWS B5.15.

You must attach documentation of the minimum amount of training required. Acceptable documentation includes copies of training certificates, letters of completion, or company training records. A signed statement attesting to completion of training from a company executive, an individual responsible for training, an AWS Senior Certified Welding Inspector (SCWI) an ASNT Level III, or an ACCP Professional Level III. Documentation of training not sponsored or pre-approved by AWS must include a course syllabus. All documentation must be in English or accompanied by an English translation.

Note. This application will be processed only if the candidate is scheduled to attend AWS approved RI training prior to the examination date or has submitted acceptable training documentation.

☐ Describe Documentation Attached ______________________________________

☐ Date AWS RI Training Scheduled ___________________________ Location ___________________________
III. Experience Records

Applicants shall have a minimum of twelve (12) months experience or alternative credit for experience (6 months maximum) in radiographic interpretation.

Radiographic interpretation experience must be as a certified individual (company or nationally) in radiographic interpretation or otherwise under the direct supervision of such individuals. Experience gained working on projects involving the major welding codes (D1.1, ASME, API, etc.) would generally require direct supervision by such properly certified individuals and therefore may be used.

Please indicate your experience below and have it verified by someone knowledgeable in your activities.

Duplicate this section as needed to provide additional information for each one of your employers in order to meet the months of experience claimed.

Please fill in the following records to indicate your most recent work experience(s). Experience in excess of the requirements does not have to be indicated. If you are self-employed, your client may sign the records.

(Reproduce this form as necessary to record the claimed experience.)

<table>
<thead>
<tr>
<th>A. EMPLOYER (PLEASE PRINT OR TYPE)</th>
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<tbody>
<tr>
<td>Company Name: ______________________</td>
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<td>Address: ____________________________</td>
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<td>City: __________________ State: ______</td>
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<tr>
<td>Zip: ______________________________</td>
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<tr>
<td>Supervisor/Employer Contact: _______</td>
</tr>
<tr>
<td>Telephone: _________________________</td>
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<tr>
<td>Fax Number: _________________________</td>
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<td>E-mail Address: _____________________</td>
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For this company, I performed radiographic interpretation of welds on the below projects:

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<tr>
<th>B.</th>
<th>Project Name</th>
<th>From Mo.</th>
<th>Yr.</th>
<th>To Mo.</th>
<th>Yr.</th>
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<td></td>
<td>List applicable codes (ASME, API AWS)</td>
<td>From Mo.</td>
<td>Yr.</td>
<td>To Mo.</td>
<td>Yr.</td>
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</tbody>
</table>

I verify that __________________________, is employed by this company and was involved in radiographic interpretation related activities during the employment period(s) indicated on this application.

My name is ___________________________ My job title is ______________________________

Signature __________________________ Date ______________

Total months of RI experience claimed ____________

Note: There must be twelve (12) months of actual RI experience documented. If not, you have the opportunity to provide alternative credit for experience gained by completing the following section IV.
IV. Alternative credit for Experience

(Only complete this section if the required twelve (12) months of actual RI experience was not met in section III. You may substitute education, NDE experience, or teaching for RI experience. AWS CWIs can receive six (6) months of experience credit.)

IV.A Education as Experience Substitution

Every month for a maximum of six (6) months of post high school NDE or weld inspection education may be substituted for an equal number of months of radiographic interpretation experience.

You must attach documentation of post high school NDE or weld inspection education. Acceptable documentation includes copies of diplomas, transcripts, training certificates, letters of completion, or company training records. Also acceptable are signed statements attesting to completion of training from a company executive, an individual responsible for training, an AWS Senior Certified Welding Inspector (SCWI) an ASNT Level III, or an ACCP Professional Level III. Documentation of training not sponsored or approved by AWS must include a course syllabus. All documentation must be in English or accompanied by an English translation.

Describe Documentation Attached

Total Number of Months Education_{(A)} Not to exceed six (6) months

IV.B Other Welding Inspection Methods Experience Substitution

Every four (4) months of experience as a certified (company or nationally) weld inspector using NDE methods other than radiography may be substituted for one (1) month RI experience for a total not to exceed six (6) months.

\( e.g., \) twenty-four (24) months experience as an AWS CWI, ACCP PT, ACCP UT, etc., may be substituted for six (6) months experience as an RI

If you are not an AWS CWI, then you must attach documentation of your certifications in other weld inspection methods. Acceptable documentation includes copies of employer NDE certifications, ACCP certifications, etc. All documentation must be in English or accompanied by an English translation.

Automatic Experience Credit as an AWS CWI (if applicable)\( {6} \)_{(B)}

Number of Months NDE Experience Other Than CWI\( {\text{Credit: }} \left( \div 4 \right) \)_{(C)}

Describe Documentation Attached

Total Number of Months Experience in Other Welding Inspection Methods\( {\text{Credit: (B + C) }} \)

IV.C NDE teaching Experience Substitution

Every four (4) months of NDE weld inspection teaching experience may be substituted for one (1) month RI experience for a total not to exceed six (6) months.

You must attach a signed statement from the organization employing your services as a teacher. The statement must include a description of the subject matter taught.

Describe Documentation Attached

Total Number of Months Teaching\( {\text{Credit: (D) }} \)

V. Total Experience Worksheet:

<table>
<thead>
<tr>
<th>Experience Type</th>
<th>Credit</th>
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<tr>
<td>Actual RI experience (from section III)</td>
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<tr>
<td>Credit for education received (from section IV.A)</td>
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<tr>
<td>Credit for CWI and NDE experience (from section IV.B)</td>
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<tr>
<td>Credit for NDE Teaching (from section IV.C)</td>
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<tr>
<td>Total experience</td>
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6. Visual Acuity Form
A current Visual Acuity Record must be completed and submitted with this application. To download a copy of the form, please visit our website.

7. Photo Requirement
Applicants **MUST** submit one (1) passport-style color 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.

*Print your name and AWS membership number on the reverse of the photograph.*

8. Terms and Conditions – Please check, date, and sign below

**PROGRAM AND REGISTRATION TERMS, POLICIES, AND FEES**
I hereby certify that I have read the program requirements contained in the following program document:

- QC1 Standard for the AWS Certification of Welding Inspectors
- B5.1 Specification for the Qualification of Welding Inspectors

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.

**EXAMINATION POLICIES AND RULES**
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.

**COVID-19/COMMUNICABLE DISEASE LIABILITY POLICIES AND WAIVER**
Furthermore, I certify that I have read and understand the **COVID-19/Communicable Disease Liability Waiver requirements**. I certify that I understand that I will be asked to sign this waiver at the start of any AWS seminar, class, exam, or other AWS event. I further understand that failing to agree to the pronouncements in the waiver will disqualify me from participating in the event, and I will be barred from entering the event room or participating the event. I further understand that being barred for failing to agree to the pronouncements will result in forfeiture of all registration fees. I understand that I will also be barred from the event if I do not attest to both of the COVID-19 statements related to recent symptoms and exposure risks.

Applicant’s Signature ___________________________________________ Date: _____________________________