Last Name

First Name

1. Complete the Following:

AWS Member # __________________________
Company Membership not applicable
CRI # ___________________________ Exp. Date ___________________________

2. Exam Options (chose one) Body of Knowledge

CRI Part B- Testing

☐ Exam Only

3. 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.

4. 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 ☐

5. 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.

6. Method of Payment For Exam Fees Certification Price List AWS USE ONLY

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: ___________

Acct #: __________________________
Date: __________________________
Amt $: __________________________ CWI
### 7. Personal Information

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>AWS Member # ___________________________</th>
</tr>
</thead>
</table>

#### Address

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

### Address (cont’d)

<table>
<thead>
<tr>
<th>Apt #</th>
</tr>
</thead>
</table>

#### City and State / Province / Country

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Province</th>
<th>Country</th>
</tr>
</thead>
</table>

#### Home Telephone Number

<table>
<thead>
<tr>
<th>Home Telephone Number</th>
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</thead>
</table>

#### Work Telephone Number

<table>
<thead>
<tr>
<th>Work Telephone Number</th>
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</thead>
</table>

#### Mobile Telephone Number

<table>
<thead>
<tr>
<th>Mobile Telephone Number</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Last 4 digits</th>
</tr>
</thead>
</table>

#### E-Mail Address

<table>
<thead>
<tr>
<th>E-Mail Address</th>
<th>(confirmation notification will be sent to this address)</th>
</tr>
</thead>
</table>

### 8. 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
9. 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.*

Photos copied or digitally scanned from driver’s licenses or other official documents are **not acceptable.**

**DO NOT STAPLE OR PAPER CLIP PHOTO**

10. 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:

- QC15 Standard: Specification for the Certification of Radiographic Interpreters
- B5.15 Specification for the Qualification of Radiographic Interpreters

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 _________________