EXAM AUDIT REQUEST FORM

AWS Membership # ________________________________

Last Name ____________________________________________ First Name __________ MI __________

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

Test Information

Site code __________________________________________ Date (mm/dd/yyyy) __________ City, State __________

Note the following:

• Scantron guarantees a 99.99% accuracy of all scoring processed on their forms as well as machines. Errors would most likely be found upon candidate entry of form information on the answer sheet.

• Exam audit requests must be received within 30 days of the "score date" that is indicated on the exam results for the above referenced site code. Any requests received after this date will not be processed.

• Exam audit requests are specific to answer sheets only. Exam booklets are not retained by AWS upon return from exam site.

• Notification of exam audit results are sent via email.

• Please allow ample time to process the exam audit request.

• Fees are Non-Refundable

By signing below, I accept this Exam Audit Request Form as consent for the AWS Certification Department to audit my certification examination that was taken at the above mentioned site. I understand that a $225.00 fee will be incurred for this service and payment must accompany this form.

Signature __________________________________________ Date __________________________

4. Method of payment- Checks and money orders must be made payable to AWS

☐ Check or Money Order # ____________________________

☐ Visa ☐ MC ☐ AMEX ☐ Diners ☐ Discover ____________________________

Credit Card Number __________ Expiration Date ________ Security Code ________

Signature __________________________________________

AWS USE ONLY

Acct # ________ Date __________________________

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