CRAW Application

Certified Robotic Arc Welding Application (CRAW)

Faxed or emailed applications are NOT accepted

8669 NW 36 St., #130 Miami, FL 33166
- 6672 (800) 443-9353 or (305) 443-9353

September 1, 2017

*Only the AWS fee is required for this application. The Practical Test and any training provided by the Approved Testing Center (ATC) will be invoiced to you by the facility. For ATC fees, contact the facility or visit their website.*
3. Education and Work Experience Requirements

☐ (A) High School diploma or equivalent.  
Required for both CRAW-O and CRAW-T

☐ (B) Hold current AWS CWI or SCWI Certification (CRAW-T only).  
Required for CRAW-T

☐ (C) Minimum of six (6) months experience in manual or semiautomatic arc welding processes as a welder.  
Required for both CRAW-O and CRAW-T

☐ (D) Work experience as a welder (including robotic and automatic operator) and including the six months of manual or semiautomatic arc welding experience mentioned in item C above.  
CRAW-O must have 12 or more total months.  
CRAW-T must have 18 or more total months.

Circle no. of months

| 0-5 | 6-11 | 12-17 | 18+ |

☐ (E) Experience in an occupational function in direct relation to welding or robotics. Includes welder experience from above requirement and other functions, such as inspector or quality control.  
CRAW-O must have 3 or more years.  
CRAW-T must have 5 or more years.

Circle no. of years

| 0 | 1 | 2 | 3 | 4 | 5+ |

Include welder experience from item D above and other functions, such as inspector or quality control.

☐ (F) Post-Secondary in Welding, Technical, robotic, technology, electrical or engineering discipline may be substituted for an equal number of years but no more than two (2) of the required years of work Post-secondary education may be substituted for or credited toward welder experience requirements experience.  
Post-secondary education may not be substituted for or credited toward welder experience requirements of items C and D above.

Circle no. of years

| 0 | 1 | 2 | 3 | 4 | 5+ |

*Optional* Can be used to meet the requirements of letter (E) above.

4. Qualifying Work Experience

_____________. I understand that all work experience documented may be verified with past and present employers.  
(Initials)

Duplicate this section as needed for each additional employer

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Type of Business</th>
<th>Company Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Street Address</td>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Supervisor’s Name</td>
<td>Title of Immediate Supervisor</td>
<td></td>
</tr>
<tr>
<td>Supervisor’s Email Address</td>
<td>Department</td>
<td></td>
</tr>
<tr>
<td>Applicant’s Job Title</td>
<td>Employed From: (Mo.) (Yr.) To: (Mo.) (Yr.)</td>
<td></td>
</tr>
</tbody>
</table>

Job Responsibilities: Detailed Description Required*
5. Employment Verification
   • This section MUST be completed by a supervisor or personnel manager for the most recent or current employer indicated above.
   • Self-employed or contract applicants must substitute this section with a letter of reference on company letterhead from two (2) separate clients attesting to:
     o the nature of work assignments during the period of performance
     o type of work done
     o length of time as a client
   • If the employer is no longer in business, include a copy of the W2 form.

Company Name: ________________________________ Company Phone: ________________________________

Company Address: ____________________________________________________________________________

City, State: ________________________________ Zip Code: ________________ Country: ________

I __________________________, verify that ______________________, maintained employment at

____________________________, from __________________________ to __________________________.

Supervisor/Personnel Manager’s Name
Employee’s Name (print)

Company Name
Date mm/dd/yyyy or Present

Signature: __________________________
Supervisor/Personnel Manager’s Name

Date: ____________________________
Month/Day/Year

6. 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
Certified Robotic Arc Welding

QC19 Standard for the AWS Certification of Robotic Arc Welding
D16.4 Specification for the Qualification of Robotic Arc Welding Personnel

☐ I hereby certify that I have read the standard requirements contained in the certification programs indicated above. 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.

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 Exam Security Agreement and General Terms of Use (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.

Applicant’s Signature ________________________________ Date ________________________________