Certified Radiographic Interpreter Program

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AWS Radiographic Interpreter Certification Program

The AWS Radiographic Interpreter Certification program is based upon requirements contained within AWS B5.15:2003, Specification for the Qualification of Radiographic Interpreters, and is designed to provide evidence of the ability of individuals to properly assess welding-related indications produced on radiographic film and related media.

The new AWS Radiographic Interpreter program replaces the existing CSWIP-based program, while maintaining the high standards of performance contained within the previous program. Candidates seeking certification will be required to successfully pass three examinations, one on general knowledge, one on specific knowledge related to the required quality and acceptance criteria as contained in the most common code books, and a practical examination requiring interpretation of actual radiographs. An AWS-approved training program will be available that covers 40 hours of instruction.

Individuals who meet the examination, education, experience, and training requirements as specified in AWS B5.15 will be awarded the designation of AWS Radiographic Interpreter. The holders of this certification will have a valuable tool to demonstrate their qualifications to interpret radiographs of weldments. The new AWS program for radiographic interpreters will be available only to those individuals who successfully pass the required examinations. No grandfathering or transitioning of existing practitioners will be allowed in order to maintain the highest standards of third-party certification.

The AWS B5.15 Specification for the Qualification of Radiographic Interpreters is now available from IHS Global Engineering, order your copy by contacting them at 800-854-7179 or visit their website at http://global.ihs.com.

Examination Requirements

Candidates shall meet all of the following examination requirements in order to determine their comprehension and retention of the materials presented during training courses established for the purpose of qualification.

General Knowledge Examination. Successfully complete (minimum 70% correct score) a multiple choice, written examination covering subjects related to welding, metallurgy, mathematics, radiographic theory, film selection, film processing, film handling and storage, and codes, specifications, and other standards.

Code Knowledge Examination. Successfully complete (minimum 70% correct score) a multiple choice, written, open-book examination covering the contents relating to radiographic quality and film interpretation of API 1104, ASME B31.3, ASME B31.1, AWS D1.1, AWS D15.1, ASME Section VIII: Division 1, ASME Section I, ASME Section V, or others as new tests are developed.

Practical (Film Interpretation) Examination. Successfully complete (minimum 70% correct score) a multiple choice, written examination consisting of interpreting a minimum of 10 radiographs to a code, specification, or other standard.

There is a requirement of a passing composite score of a minimum of 80% based on simple averaging of the three examinations.

Body of Knowledge

Students taking the AWS training course will receive instruction on the following subject areas:

Nature and Properties of X and Gamma Radiation
1. Penetration
2. Absorption
3. Scatter
4. Diffraction
5. Transmission
6. Rectilinear propagation
7. Photographic properties
Photographic Aspects
1. Types of film and paper used in industrial radiography
2. Characteristic curves
3. Characteristics
   a. Speed
   b. Contrast
   c. Definition
   d. Density
   e. Fog
   f. Graininess
   g. Inherent unsharpness
   h. Latitude
4. Commercial films and their properties
   a. Retention life
   b. Long term storage
5. Filing and separation techniques
6. Dark room procedures
   a. Layout
   b. Light traps and entrance
   c. Wet and dry benches
   d. Film pass hatches
   e. Processing units
   f. Safe-lights and ancillary equipment
   g. Storage, handling and loading
   h. Film processing (automatic and manual)
   i. Temperature control
7. Intensifying screens
8. Spurious indications
   a. Light (and safe-light) fogging
   b. Light leaks
   c. Chemical fog
   d. Stains
   e. Air bubbles
   f. Reticulation
   g. Pressure marks
   h. Static marks
   i. Drying marks
   j. Finger marks
   k. Defective screens
   l. Incomplete fixing
   m. Film manufacturing faults

Fundamental Aspects of Radiographic Quality
1. Quality of radiation
2. Optimum working densities
3. Radiographic contrast
   a. Objective and subjective contrast
   b. Methods of controlling radiographic contrast
   c. Effects of scattered radiation
   d. Use of filters, screens, masking and blocking media
   e. Influence of processing conditions and viewing conditions on contrast
4. Radiographic definition
   a. Objective and subjective
   b. Poor definition
   c. Geometric unsharpness
   d. Inter-relationship of dimensions of focal spot or source
   e. Source-to-object and source-to-film distances
   f. Inherent unsharpness
   g. Movement
   h. Film screen contact
   i. Summation of factors controlling definition
5. Control of radiographic sensitivity and its assessment by the use of image quality indicators
Radiation Safety Principles
1. Controlling personnel exposure
2. Time, distance and shielding
3. ALARA (as low as reasonably achievable)
4. Radiation detection equipment
5. Exposure device operating characteristics

X-ray and Gamma ray equipment
Knowledge of the effects on radiographic quality in the event of equipment change.

Geometry of Image Formation
1. Geometric unsharpness
2. Control of source-to-object distance, object-to-film distance, source-to-film distance
3. Penetrameter sensitivity
4. Selection of beam angle

Exposure Calculations
1. Effect of distance on exposure
2. Use of exposure charts and calculators for X and gamma radiography

Application to Welds
1. Interpretation of radiographs of welds in different materials and joint geometries
2. Multiple-film techniques
   a. Thickness-variation parameters
   b. Film speed
   c. Film latitude
3. Welds in small bore tubes
4. The determination of the depth of a flaw from one surface in a specimen by the practical use of the tube or source shift method (triangulation method)

Viewing Radiographs
1. Film illuminator requirements
2. Background lighting
3. Multiple-composite viewing
4. Penetrameter placement
5. Personnel darkroom adaptation and visual acuity
6. Film identification
7. Location markers
8. Film density measurement
9. Film artifacts
10. Analyze the loss of sensitivity in order to rectify faulty techniques

Welding Technology
1. Terminology for welds
2. Welded joints
3. Welding procedures
4. Weld discontinuities
5. Base metal discontinuities
6. Influence on techniques of geometry, size, surface condition, base metal composition, weld metal structure
7. Influence of surface cladding, heat treatments and weld repairs.
8. Basic principles of fusion welding processes
10. Types of discontinuities in welds and base metals detectable by radiography
11. Defect characteristics which influence detectability
   a. Size
   b. Geometry
   c. Distance from surface
   d. Orientation
   e. Reflectivity
   f. Opacity/atomic number effects
Reference Standards
Candidates taking the AWS Radiographic Interpreter training course and the certification examination will be loaned the AWS Book of Reference Standards for their individual use during the training and testing. The reference books will be returned to AWS upon the completion of their testing and will contain the following standards or excerpts of standards:

AWS D1.2/D1.2M:2003, AWS Structural Welding Code – Aluminum
API 1104, Welding of Pipelines and Related Facilities, 19th Edition
ASME Section V, Article 2, Boiler & Pressure Vessel Code, Nondestructive Examination (2001 – 03 Addenda)
ASME Section V, SE-94 (ASTM E 94-00) Standard Guide for Radiographic Examination
ASME Section VIII, Division 1, Rules for Construction of Pressure Vessels, UW-51 and UW-52
ASTM E 1025-98, Standard Practice for Design, Manufacture and Material Grouping Classification of Hole-Type Image Quality Indicators (IQI) Used for Radiology
ASTM E 1032-01, Standard Test Method for Radiographic Examination of Weldments
ASTM E 1742-00, Standard Practice for Radiographic Examination

Note: The above references will be available for temporary use by the students at the training course and by the candidates for certification. Users interested in purchasing these standards for their own use may do so at the places indicated at the end of this section.

Reference Materials
The examination questions may be taken from and answerable from the following reference information.


ASNT documents are available from the American Society for Nondestructive Testing, PO Box 28518, 1711 Arlington Gate, Columbus, Ohio 43228-0518. Telephone: 800-222-2768. Website: www.asnt.org

Cert. RI Program Information (4183.doc) 3/31/2005
CERTIFIED RADIOGRAPHIC INTERPRETER
APPLICATION

LAST NAME

FIRST NAME

MI

COMPANY NAME (ONLY IF COMPANY ADDRESS IS YOUR MAILING ADDRESS)

ADDRESS

CITY AND STATE ZIP CODE

U.S. SOCIAL SECURITY NUMBER DATE OF BIRTH MM/DD/YY

INTERNATIONAL CANDIDATE PASSPORT NUMBER

HOME TELEPHONE NUMBER WORK TELEPHONE NUMBER FAX TELEPHONE NUMBER

E-MAIL

METHOD OF PAYMENT

☐ Check #__________

☐ Bill PO (Staple PO to front page of application)

☐ VISA ☐ MC ☐ AMEX ☐ Diners ☐ Discover

Credit Card # ____________________________

Expiration Date ____________

Mo Day Yr ____________________________ Signature

AWS USE ONLY

Date ____________ Acc’t # ____________

Amt $ ____________ RIP

AWS CERTIFICATION STATUS AWS MEMBER NO.

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 III.

PLEASE INDICATE THE FOLLOWING: ☐ SEMINAR AND EXAM ☐ EXAM ONLY ☐ SEMINAR ONLY

1st Site Code: ____________ Exam Date: ____________ City/State: ____________________________ *Submission Deadline: ____________

2nd Site Code: ____________ Exam Date: ____________ City/State: ____________________________ *Submission Deadline: ____________

3rd Site Code: ____________ Exam Date: ____________ City/State: ____________________________ *Submission Deadline: ____________

NOTE: AWS strongly recommends that the applicant select a second and third site location alternative. If the first choice is not available, the next location will be selected. *The application submission deadline is six (6) weeks prior to the scheduled exam date. Applications that do not meet this criteria will be assessed a $250 Fast Track fee to expedite the process and to accommodate the exam site requested. Please contact the Certification Department regarding this procedure.

ASSOCIATIONS

Type of Business

(A Check ONE only)

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 ☐ Engr. & architectural services (incl. assns.)
Q ☐ Misc. business services (incl. commercial labs)
R ☐ Governments (federal, state, local)
S ☐ other ____________

Job Classification

(Check ONE only)

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 ____________

Your Technical Interests

(Place a number on line in choice order — 1-2-3, etc.)

A ☐ Ferrous metals
B ☐ Aluminum
C ☐ Non-fer. except aluminum
D ☐ Advanced mat'l/intermetallics
E ☐ Ceramics
F ☐ High energy Processes
G ☐ Arc Welding
H ☐ Braze & Soldering
I ☐ Resistance Welding
J ☐ Thermal Spray
K ☐ Cutting
L ☐ ND T
M ☐ Safety & Health
N ☐ Pipe & Tubing
O ☐ Pressure Vessels & Tanks
P ☐ Structures
Q ☐ Roll Forming
R ☐ Sheet metal
S ☐ Stamping & punching
T ☐ Bending & shearing
U ☐ Aerospace
V ☐ Automotive
W ☐ Machinery
X ☐ Marine
Y ☐ Other ____________

CRI Application 7/29/08
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.

<table>
<thead>
<tr>
<th>Highest Level of Educational Achievement</th>
<th>Institution where your highest level of education was obtained as it relates to your AWS RI certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School or GED</td>
<td>Institution __________________________________________________________________________________</td>
</tr>
<tr>
<td>2-or more years of College</td>
<td>Address ______________________________________________________________________________________</td>
</tr>
<tr>
<td>2-year Technical/College Degree</td>
<td>_____________________________________________________________________________________________</td>
</tr>
<tr>
<td>4-year College Degree</td>
<td>Major Course of Study ________________________________________________________________________</td>
</tr>
<tr>
<td>Graduate Degree</td>
<td>Degree _____________________________________________________________________________________</td>
</tr>
</tbody>
</table>

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 an employer or centrally (nationally) radiographic interpreter 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, records may be signed by your clients.

(REPRODUCE THIS FORM AS NECESSARY TO RECORD THE CLAIMED EXPERIENCE.)

<table>
<thead>
<tr>
<th>A. EMPLOYER (PLEASE PRINT OR TYPE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name: __________________________________________________________________________________________</td>
</tr>
<tr>
<td>Address: _________________________________________________________________________________________________</td>
</tr>
<tr>
<td>City: ________________________________State: _____________________Zip: ______________________________________</td>
</tr>
<tr>
<td>Supervisor/Employer Contact: ______________________________________________________________________________</td>
</tr>
<tr>
<td>Telephone: ______________________________________________________________________________________________</td>
</tr>
<tr>
<td>Fax Number: _____________________________________________________________________________________________</td>
</tr>
<tr>
<td>E-mail Address: __________________________________________________________________________________________</td>
</tr>
</tbody>
</table>

For this company, I performed radiographic interpretation of welds on the below projects:

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

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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. **ALTERATIVE 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 6 months)

IV.B **OTHER WELDING INSPECTION METHODS EXPERIENCE SUBSTITUTION**
Every four (4) months of experience as an employer certified or centrally (nationally) certified 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 __________ Credit: ( ÷ 4 =) __________(C)

Describe Documentation Attached_____________________________________________________________

Total Number of Months Experience in Other Welding Inspection Methods _______ Credit: (B + C) ________ (not to exceed 6 months)

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 ___________________________ Credit: ( ÷ 4 =) __________(D) (not to exceed 6 months)

V. **TOTAL EXPERIENCE WORKSHEET:**

Actual RI experience (from section III) ________
Credit for education received (from section IV.A) ________
Credit for CWI and NDE experience (from section IV.B) ________
Credit for NDE Teaching (from section IV.C) ________
Total experience ________
VISUAL ACUITY

All applicants must submit evidence of visual acuity as noted on a completed AWS Visual Acuity Form that must be attached to this application dated no more than seven (7) months prior to the date of the certification examinations.

PHOTOGRAPHIC IDENTIFICATION

Applicants for the AWS Radiographic Interpreter certification must submit two (2) passport-style color photographs stapled to this application. Please print and sign your name on the reverse of each photograph.

NOTARIZATION

All applicants must complete this section.

I hereby certify that I have read the requirements contained in the AWS B5.15:2003, Specification for the Qualification of Radiographic Interpreters. Further, I agree to comply with the existing requirements and any subsequent requirements, which may be instituted by AWS. I certify that the information I have included on this application is true; I understand that any false statement will nullify this application; I give permission to AWS to verify this information.

Signature: ____________________________ Date: ____________________________

Sworn to and subscribed before, this __________________________ day of __________________________ of year __________________________

My commission expires __________________________ Notary Public __________________________

Signature __________________________________________________

CRI Application 7/29/08
VISUAL ACUITY RECORD

LAST NAME : ____________________________________________ Certification # (if applicable) : ____________________

FIRST NAME : ____________________________________________ MEMBER # (if applicable) : ____________________

If scheduled to take an AWS certification exam, site location: __________________________ Date ____________________

TO APPLICANTS:
This form must be submitted for all Welding Inspector and Radiographic Interpreter applications. Applicants for the Certified Welding Educator only are not required to complete this form.

Before submitting this form with your application to AWS, be sure to keep a copy for your records. If you’re unable to supply a completed Visual Acuity Record with your application prior to a submission deadline, you may forward this form to the Certification Department separately. Exam applicants may submit completed Visual Acuity Records on exam day. AWS will not release exam results and/or certification renewal without a completed Visual Acuity Record on file.

You must use the services of an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician’s Assistant to administer your required eye examination. The examination must occur within the seven months prior to the scheduled date of the applicant’s examination and/or certification expiration date.

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12 in. or greater (≥30.5 cm). All applicants shall take a color perception test. Eye examination results must be documented on this visual acuity form supplied by the AWS Certification Department. No other forms will be accepted.

AWS will not accept visual acuity test results that are incomplete or do not comply with regulations.

THE FOLLOWING THREE SECTIONS ARE TO BE COMPLETED BY THE EYE EXAMINER

1. Please verify the customer’s close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater (≥30.5 cm): (please check one of the following) [AWS use only]

   Both eyes require corrected vision to J2  (W)
   Only one eye needs corrected vision to J2  (W)
   No correction is required.  (O)

2. Through a color perception examination, is the applicant colorblind? (please check one of the following) [AWS use only]

   No, customer is not colorblind  (C)
   Yes, customer is colorblind.  (B)

3. PLEASE PRINT CLEARLY

   CUSTOMER NAME: ____________________________________________ DATE OF EYE EXAMINATION: ______________________

   EXAMINER NAME: ____________________________________________ TELEPHONE NUMBER: (               ) ________-___________

   EXAMINER ADDRESS: _________________________________________________________________________________________

   CITY: ____________________________________ ST/PROVINCE: _____________ ZIP: _____________ COUNTRY: _____________

   EXAMINER PROFESSIONAL STATUS BY (please check only one):

   Ophthalmologist  Optometrist  Medical Doctor  Registered Nurse  Certified Physician’s Assistant

   EXAMINER SIGNATURE: _____________________________________ STATE/PROV. LICENSE NUMBER: ____________________

Cert-Visual Acuity Record (1638.doc) – 6/25/07
AWS EXAM CANCELLATION REFUND POLICIES AND OTHER FEES

CANCELLATION REFUND POLICY FOR SEMINAR ONLY
Cancellations must be in writing and received two weeks prior to the first day of the seminar. Registrants will be refunded in full, less a $75 administrative fee. If your cancellation notice is received less than two weeks prior to the seminar, you will be refunded your registration fee, less $175 administrative fee. Substitutions or transfers to another site with two weeks notice are complimentary. No shows forfeit all registration fees.

CANCELLATION REFUND POLICY FOR BOTH SEMINAR AND EXAM
Cancellations must be in writing and received 2 weeks prior to the first day of the seminar. Registrants will be refunded in full, less a $75 administrative fee. Registrants canceling less than 2 weeks before the first day of the seminar will be refunded the registration fee less a $315 administrative fee. No shows forfeit all fees. AWS reserves the right to cancel any exam preparation seminar and/or exam if there are an insufficient number of participants. In the event of cancellation by AWS, all fees will be refunded in full, or the participant may transfer to the next available seminar. In either case, AWS shall have no further liability.

CANCELLATION REFUND POLICY FOR EXAM ONLY
The Certification Business Unit MUST receive cancellation Request Forms no later than 2 weeks prior to the exam date. If your cancellation is received less than 2 weeks prior, you will be refunded the full amount less a $140 exam cancellation fee.

PROCESSING FEE
Included with all certification exam prices, there is a $75 processing fee. If you do not qualify to sit for the AWS certification exam, you will be refunded in full less a $75 processing fee.

FAST TRACK PROCESS FEE
Application Submission Deadline is 6 weeks prior to the scheduled test date. However, if your application is received after the 6 weeks period, AWS will expedite your application process in order to accommodate you for your requested test site. A $250 Fast Track Process Fee will be assessed for this service. Please note that AWS cannot guarantee space at a test site once test materials have been shipped.

RESCHEDULING EXAM FEE
Once an application is qualified and processed, a $140 rescheduling fee will be assessed if an applicant requests a test site change within 2 weeks of the exam date. A Request to Change Test Site Location Form must be completed and received by the Certification Business Unit within 2 weeks of the exam date.

EXAM NO SHOW PENALTY FEE
If an individual fails to cancel, he/she agrees to forfeit all fees.

AWS RECOMMENDS YOU USE PRIORITY MAIL WITH TRACKING OPTION WHEN SUBMITTING YOUR APPLICATION.

FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE

In accordance with the Americans with Disabilities Act (ADA), AWS strives to accommodate all participants with special needs. If you require assistance, please inform the AWS Certification Department, (800) 443-9353, ext. 273, well in advance of the date of the exam.