MAINTENANCE OF WELDER CERTIFICATION

$10.00 FEE MUST ACCOMPANY THIS FORM

LAST NAME                                                               FIRST NAME                                                                                   MI
SOCIAL SECURITY #                                    CERTIFICATION #

Enter the date you most recently used the processes you would like to maintain.

IMPORTANT: FAILURE TO INCLUDE DATES BELOW WILL RESULT IN PAYMENT BEING FORFEITED.

SMAW ___/____/____   GMAW ___/____/____   FCAW ___/____/____
GTAW ___/____/____ Other __________________  ____/____/____

Your certification is extended from the dates you have indicated.

VERIFICATION: I Employer / Test Supervisor / Customer certify that the above named welder used
(Circle One)

the processes on the dates indicated. IMPORTANT: THIS FORM IS NOT TO BE SIGNED BY THE APPLICANT.

Print Name: ____________________________________  Title: _______________________________
Company: ______________________________  Phone: (   ) ______________________________
Signature: ______________________________  Date: ______________________________

Copy this form as needed.

If your address has changed, please list below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

YOUR CERTIFICATION IS IMPORTANT TO YOU AND TO US!
Use these forms before your expiration date to properly maintain your certification. Certifications in accordance with Supplement C or D9.1 for the Sheet Metal Welding Code require maintenance every 12 months. Certifications in accordance with D1.1 require maintenance every 6 months. Check the requirements of the standard that governs your certification to assure that maintenance is received by AWS at the proper intervals. The cost for renewal is $10.00. All checks and money orders must be made payable to AWS and mailed to: P.O. Box 440367, Miami, FL 33144-0367.

WE RECOMMEND SENDING YOUR FORM VIA US MAIL-RETURN RECEIPT REQUESTED.

AWS Use Only

Site Code __________________  Date Recv’d ________________  Amt ________________  Acc’t ________________

Method of Payment

☐ Check # __________  ☐ Visa  ☐ MC  ☐ AMEX  ☐ Diners  ☐ Discover
Credit Card # __________________________________________  Exp. Date

Signature

Cert-Maintenance of Welder Certification-2/21/02