**SCWI Examination Application (SCWI)**

**PLEASE PRINT IN BLUE OR BLACK INK**

P.O. Box 440367  •  Miami, FL 33144-0367  •  (800) 443-9353, ext. 273  •  (305) 443-9353, ext. 273

**SCWI Requirements:**
1. Must have at least 15 years experience directly related to welding (either in design, production, construction, QC, QA, inspection or repair).
2. Must have a minimum of 3 years experience in the supervisory position(s) of managing one or more QC, QA or NDE welding personnel. And, (3) shall have been certified as an AWS CWI for at least 6 years. Please refer to the QC1-96 for further information concerning Senior Certified Welding Inspectors.

**ARE YOU A CURRENT AWS MEMBER?**
- [ ] Yes
- [ ] No

If yes, please provide AWS Member #: _______________________________________

**PLEASE PROVIDE YOU CWI #: _______________________________________

**IS YOUR CWI CERTIFICATION ACTIVE?**
- [ ] Yes
- [ ] No

If no, when did your certification expire? ___/___/____ Mo Day Yr

**THE APPLICATION SUBMISSION DEADLINE IS (6) WEEKS PRIOR TO THE SCHEDULED TEST DATE**

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**PERSONAL** *(we will mail all your correspondence to the address listed below)*

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**COMPANY NAME ONLY IF MAILING ADDRESS**

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**PLEASE ASSIGN ME TO THE FOLLOWING EXAM (ONLY) SITE:**

1. Site Code: ____________ Test Date: ____________ City/State: ____________________ *Application Submission Deadline: ________

2. Site Code: ____________ Test Date: ____________ City/State: ____________________ *Application Submission Deadline: ________

3. Site Code: ____________ Test Date: ____________ City/State: ____________________ *Application Submission Deadline: ________

I understand that the codes I will be testing to are the B4.0-98 – *Standard Methods for Mechanical Testing of Welds,* and the B2.1-2000 – *Specification for Welding Procedure & Performance Qualification.* Both can be purchased through Global Engineering at: (800) 854-7179 or via e-mail: www.global.ihs.com.

**PLEASE NOTE**  AWS strongly recommends that the applicant select 2nd and 3rd site alternatives. If your 1st choice isn’t available, you’ll be placed in your next selection.

**IMPORTANT:** Applications received without a test site selection will be considered incomplete, and if no site is submitted within 30 days of application submission, the applicant may be in jeopardy of forfeiting application fees (QC1-96, Section 6.1.1.2). *Applications received AFTER the Application Submission Deadline will automatically be charged the $250 Fast Track Process Fee. To avoid this fee, applications must be received (6) weeks prior to the scheduled test date.*
### ASSOCIATIONS

**CHECK ONE BOX. **

**TYPE OF BUSINESS**

A. [ ] Contract Construction  
B. [ ] Chemicals, Allied Products  
C. [ ] Petroleum & Coal Industries  
D. [ ] Primary Metal Industries  
E. [ ] Fabricated Metal Products  
F. [ ] Machinery except electrical  
G. [ ] Electrical equipment, supplies, electrodes  
H. [ ] Transport equip., air, aerospace  
I. [ ] Transport equip., automotive  
J. [ ] Transport equip., boats, ships  
K. [ ] Transport equip., railroad  
L. [ ] Utilities  
M. [ ] Welding distributorship & retail trade  
N. [ ] Misc. repair services inc. welding shops  
O. [ ] Education services inc. schools, libraries  
P. [ ] Engineering & architectural services  
Q. [ ] Misc. business services inc. laboratories  
R. [ ] Governmental (federal, state, local)  
S. [ ] Other_____________________________  
T. [ ] Your Company’s #1 Product/Service  

**CHECK ONE BOX. **

**JOB CLASSIFICATION**

01 [ ] President, owner, partner, officer  
02 [ ] Manager, director, superintendent  
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 and development  
14 [ ] Technician  
15 [ ] Educator  
16 [ ] Student  
17 [ ] Librarian  
18 [ ] Customer service  
19 [ ] Other_____________________________  

**FILL IN ORDER OF PRIORITY (1,2,3,etc) **

**YOUR INTERESTS**

A. [ ] Ferrous metals  
B. [ ] Aluminum  
C. [ ] Nonferrous metals except aluminum  
D. [ ] Advanced materials, intermetallics  
E. [ ] Ceramics  
F. [ ] High energy beam processes  
G. [ ] Arc welding  
H. [ ] Brazing and soldering  
I. [ ] Resistance welding  
J. [ ] Thermal spraying  
K. [ ] Cutting  
L. [ ] NDE  
M. [ ] Safety and health  
N. [ ] Bending and shearing  
O. [ ] Roll forming  
P. [ ] Stamping and punching  
Q. [ ] Aerospace  
R. [ ] Automotive  
S. [ ] Machinery  
T. [ ] Marine  
U. [ ] Piping and tubing  
V. [ ] Pressure vessels and tanks  
W. [ ] Sheet metal  
X. [ ] Structures  
Y. [ ] Other_____________________________  
Z. [ ] Automation  
AA. [ ] Robotics  
BB. [ ] Computerization of welding
QUALIFYING WORK EXPERIENCE – NO RESUMES ACCEPTED
(Please refer to the QC1:96 for further information concerning the SCWI Qualifying Work Experience Requirements)

I understand that all work experience documented on this application may be verified with both
past and present employers.

Total number of years experience directly related to welding (either in design, production, construction, QC, QA, inspection or repair): (please document work experience in section below)

Total number of years held in a supervisory position(s): (Please document work experience in section below)

MOST RECENT EMPLOYER
Duplicate this section as needed to provide additional information for each of your employers in order to meet the experience requirements for SCWI eligibility.

Company Name: _______________________________________ Dept/Div.:_____________________________

Supervisor/Personnel Manager:_________________________________________ Telephone: ( ) __________

Mailing Address:_____________________________________________________________________________

City:________________________________________ ST/Prov.:_____________ Zip:_________ Country:_______

Supervisor/ Personnel Manager’s e-mail:____________________________________ ______________________

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COMPANY PRODUCTS
Is your employer’s products fabricated in accordance with:
☒ a company standard ☐ a US standard ☐ an international standard ☐ no standard

YOUR DUTIES AND RESPONSIBILITIES
Check the boxes below, which describe your main job duties:

☒ Prepare welding plans and/or drawings
☒ Plan or control materials, procedures, and operations for weldment fabrication

☒ Perform, supervise or monitor joint preparation for weldment fabrication
☒ Perform, supervise, monitor, witness, and/or approve inspection of joint preparation

☒ Supervise or monitor weldment fabrication and/or repairs
☒ Develop welding inspection procedures

☒ Perform, supervise, monitor, witness, and/or approve inspection of fabricated weldments
☒ Train welders to fabricate weldments

☒ Train inspectors to inspect weldments
PLEASE HAVE THIS SECTION COMPLETED BY YOUR SUPERVISOR OR PERSONNEL MANAGER OF YOUR MOST RECENT EMPLOYER. IMPORTANT. THIS PAGE MUST BE MAILED WITH YOUR APPLICATION. DO NOT SEND SEPARATELY. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS COMPLETED SECTION. DO NOT USE THIS PAGE IF SELF-EMPLOYED. SELF-EMPLOYED APPLICANTS MUST PROVIDE TWO (2) NOTARIZED LETTERS OF REFERENCE FROM SEPARATE CLIENTS.

EMPLOYMENT VERIFICATION

Employee’s last name: __________________________________________ First name: ______________________________ MI:________

Company Name: ______________________________________________________ Dept/Div.:___________________________________

Mailing Address:__________________________________________________________________________________________________

City:____________________________________ ST/Prov.:________ Zip:_______________ Country:_____________________

Supv/ Personnel Mgr E-mail:_________________________________________ Supv/Personnel Mgr Phone: (      ) ___________________

PLEASE PRINT EXCEPT FOR SIGNATURE

I verify that: _____________________________________, whose social security number is:___________________ is / was employed by (circle one)

this company and conducted the duties submitted in this application during the employment periods submitted in this application.

My name is:_________________________________________________ My job title is:________________________________________

Date:______________________________________Signature:_____________________________________________________________

PROVISO: Upon obtaining my SCWI certification, I give AWS the right to reveal my certification status as it relates to my validity and expiration date only. No other information related to my certification shall be revealed.  □ Yes □ No

NOTARIZATION.

I hereby certify that I have read the requirements contained in the document QC1 Standard for AWS Certification of Welding Inspectors. Further, I agree to comply with the existing requirements and any subsequent requirements that may be instituted by AWS. 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.

Applicant’s Signature ___________________________________________ Sworn to and subscribed before me this ________day of ______________200__

My commission expires ________________Notary Public Signature_____________________________________________(Seal and/or stamp is required)
Visual Acuity Record

ATTACH THIS COMPLETED RECORD TO YOUR MAIN APPLICATION

P.O. Box 440367◆Miami, Fl 33144-0367◆(800) 443-9353, ext. 273◆ (305) 443-9353, ext. 273

NAME OF APPLICANT: ____________________________  SOCIAL SECURITY NUMBER: ____________________
(or international passport number)

CERTIFICATION NUMBER (IF CERTIFIED): __________________  EXAM DATE/LOCATION: ________________________

TO ALL CERTIFICATION EXAMINATION CANDIDATES:
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 (7) months prior to the scheduled date of the applicant’s welding inspection examination or re-certification anniversary date. Please attach this completed record to your main application and send to AWS, and keep a copy for your files.

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12 in. to 17 in (30.48cm to 43.18cm). All applicants shall take a color perception test. Eye examination results shall be submitted on record forms furnished by the AWS Certification Business Unit.

AWS will not accept visual acuity test results that do not comply with regulations. AWS will not release your exam results without a completed visual acuity record on file. Applicants may submit completed visual acuity records at the exam location.

TEST RESULTS
Applicant possesses near vision acuity on Jaeger J2 (letters .37cm in size) at a distance of 12 in. to 17 in. (30.48cm to 43.18cm)?

☐ WITHOUT CORRECTION (O’)
☐ WITH CORRECTION (W’)

Through a color perception examination, has it been determined that the applicant is colorblind?

☐ YES (B’)
☐ NO (C’)

*For Certification Internal Purposes.

ATTEST TO
I certify that I, __________________________________________ administered an eye examination to the applicant __________________________________________ on __________________________ which demonstrated the vision capabilities indicated above.

PLEASE IDENTIFY YOUR PROFESSIONAL STATUS BY CHECKING ONE OF THE FOLLOWING:
☐ Ophthalmologist  ☐ Optometrist  ☐ Medical Doctor  ☐ Registered Nurse  ☐ Certified Physician’s Assistant

STATE/PROV. LICENSE NUMBER: _________________________________

PROFESSIONAL MAILING ADDRESS: __________________________________________

CITY: _____________________________ ST/PROV.: __________________ ZIP: ____________ COUNTRY: ____________

SIGNATURE OF EYE EXAMINER: ___________________________ CONTACT TELEPHONE NUMBER: (____) ___________

Cert-Visual Acuity Record-8/12/03