



CERTIFIED WELDING ENGINEER
EXAM APPLICATION

1. BACKGROUND (please complete all items in this section)

- 1a. Are you a current AWS Member?
1b. Have you ever been certified by AWS?
1c. Have you taken Parts 1 & 2 of the AWS CWEng Exam?
1d. Is this an application for a retest?
1e. Do you possess a current State Professional Engineering License in Welding Engineering?
1f. Do you have an International Institute of Welding IWE Diploma?
1g. Do you have a European Welding Federation EWE Diploma?
1h. Have you passed the Engineering Fundamentals Examination (formerly EIT) administered by a State Board of Engineering?

2. PERSONAL INFORMATION

Grid-based form for personal information including Last Name, First Name, Middle Initial, Company Name, Street, Apt #, City, State, Zip Code, Home Telephone, Work Telephone, Fax Number, Social Security Number, Date of Birth-day, month, year, E-mail Address, and Country.

3. SITE CODES; PLEASE INDICATE THE EXAM LOCATION OF YOUR CHOICE:

Form for site codes with fields for 1st, 2nd, and 3rd Site Code, Exam Date, City/State, and Submission Deadline.

NOTE: AWS strongly recommends the applicant selects 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 weeks prior to the scheduled exam date (please see exam schedule for submission deadlines).

4. METHOD OF PAYMENT

Payment method options including Check or money order, VISA, MC, AMEX, Diners, Discover, and CC#/Exp fields.

AWS USE ONLY section with fields for Acct #, Date, Amt\$, and CWEng options (Parts 1 & 2 or Parts 3 & 4).

Last Name: _____

First Name: _____

5. QUALIFYING WORK EXPERIENCE

NOTE: DO NOT SUBMIT YOUR RESUME. Please refer to the CWEng Education and Experience Requirements.

If you have held more than one position with the same employer, list each position, including dates, on a separate line in part B. Complete a work experience form for each employer, listing your present or most recent employer first.

MAKE AS MANY COPIES OF THIS FORM AS NEEDED.

WORK EXPERIENCE FORM							form ___ of ___				
A. EMPLOYER											
Company name _____			Dept./Division _____			email _____					
Supervisor/point of contact _____					Tel. No. _____						
PO Box/Street No. _____											
City _____			State/Province _____			Country _____		Zip/postal code _____			
								For AWS Staff use:			
B.		Job Title _____		From	month	year	To	month	year	Total # of years here	Total years recognized
				_____	_____	_____	_____	_____	_____		
		_____		_____	_____	_____	_____	_____	_____	_____	_____
		_____		_____	_____	_____	_____	_____	_____	_____	_____
		_____		_____	_____	_____	_____	_____	_____	_____	_____
Primary product or service at this employer: _____											
C. Experience Requirements.											
<ul style="list-style-type: none"> • Check the box(es) below which best describe your main experience(s): • Indicate the type of activity or function most closely related to your duties, (safety, design, metallurgy, welding/cutting/joining process, QA/QC) 											
<i>Sample...</i>											
<input checked="" type="checkbox"/>	Manufacturing			<i>Welding QA, designed welder qualification program, designed supplier qualification system.</i>							
<input type="checkbox"/>	Manufacturing										
<input type="checkbox"/>	Fabrication										
<input type="checkbox"/>	Construction										
<input type="checkbox"/>	Research & Development										
<input type="checkbox"/>	Training										
<input type="checkbox"/>											
<input type="checkbox"/>											
E. Give a brief description of your activities and experience as they relate to the functions and activities of the CWEng.											

Last Name: _____

First Name: _____

6. EDUCATIONAL BACKGROUND

<p>A. Circle the highest grade and years attended at each level</p> <p>1. Grade and high school (including vocational): 7/8/ 9/10/11/12</p> <p>2. After high school: trade or technical vocational 1/2/3/4</p> <p>3. College..... 1/2/3/4 more than 4</p>	<p>B. Complete the following if you graduated high school or earned a high school equivalency diploma.</p> <p>1. Date of graduation/issue: _____</p> <p>2. Name of city and school/issuing agency: _____</p>
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List education below **You must attach supporting documentation** (e.g., copies of transcripts, diplomas , etc.). Please list only the items that are necessary to satisfy education requirements for CWEng certification.

Name and Address of Institution	Dates From	To	Course of Study	If graduated, check one:
				<input type="checkbox"/> B.Sc. in engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> B.Sc. in eng. technology <input type="checkbox"/> A.S.S. degree <input type="checkbox"/> High school diploma
				<input type="checkbox"/> B.Sc. in engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> B.Sc. in eng. technology <input type="checkbox"/> A.S.S. degree <input type="checkbox"/> High school diploma
				<input type="checkbox"/> B.Sc. in engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> B.Sc. in eng. technology <input type="checkbox"/> A.S.S. degree <input type="checkbox"/> High school diploma
				<input type="checkbox"/> B.Sc. in engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> B.Sc. in eng. technology <input type="checkbox"/> A.S.S. degree <input type="checkbox"/> High school diploma

7. PROVISIO:

<p>Upon obtaining my 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. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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8. NOTARIZATION

<p>I hereby certify that I have read and fully understand the requirements contained in the CWEng Information. 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 and the letters submitted are true; I understand that any false statement 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. Further: I understand that the AWS Certified Welding Engineer credential DOES NOT imply the status of a registered Professional Engineer (P.E.) under the laws of any state or other governmental entity.</p>	
<p>Signature _____</p>	<p>Date _____</p>
<p>Sworn to and subscribed before me, this _____ day of _____ AD 20 _____</p>	
<p>My commission expires _____</p>	<p>Notary Public _____</p>
<p><small>Date</small></p>	

Last Name: _____

First Name: _____

9. EMPLOYMENT VERIFICATION

Applicant, please enter your name and then forward to your supervisor for completion. Make as many copies of this form as necessary so each employer may use it to demonstrate the required years of experience. These forms must accompany your application.

Dear Supervisor:

_____ has applied for certification as an AWS Certified Welding Engineer. By making this application, they have stated that they have worked for you performing duties considered within the scope of welding engineering as checked below. This work experience is defined as one or more of the following and has been described by the applicant in the body of this application:

- Manufacturing.** Experience shall consist of the design, application, or operation of welding lines or cells for the manufacture of welded products such as automobiles, appliances, welded pipe, or other welded standard products.
- Fabrication.** Experience shall consist of the design, application, or operation of welding facilities that fabricate welded products. National, customer, or internal standards or specifications may cover fabricated products.
- Construction.** Experience shall consist of design on welding construction of projects such as buildings, pipelines, ships, plants and power generation facilities.
- Research and Development.** Experience shall consist of research and development to enhance welded products or processes, welding materials, manufacturing, fabrication, field erection of welded products or the design of welding manufacturing systems.
- Training.** Experience shall consist of the instruction of courses in various welding topics or related technologies.

Company name _____ Dept./Division _____

P. O. Box/Street No: _____ company email _____

City _____ State/Province _____ Zip _____ Tel. No.: _____

Comments:

I verify that _____, whose social security number
is _____, is/was employed by this company and does/did carry out the described
principle duties during the employment period(s) indicated on this application.

My name is _____ My job title is _____ Date _____
Print or Type

Signature _____

For verification, you may contact me by: phone _____ during these hours _____
 or by email (if different from above)