



1. BACKGROUND *Complete all items in this section*

1a. Are you a current AWS Member? No Yes Membership # _____

1b. Have you ever been certified by AWS? No Yes Certification Number(s) _____

1c. Have you taken Parts 1 & 2 of the AWS CWEng exam? No Yes State and Date of Exam _____

If YES, complete only Sections 2, 3, and 4, and sign below Section 3 because you had been previously qualified and are either eligible to take Parts 3 & 4, or retest if failed. If NO, complete all parts unless 1e, 1f, or 1g below applies.

1d. Is this an application for a retest? No Yes Retest on which part(s)? Part 1 Part 2 Part 3 Part 4

If YES, complete only Sections 2, 3, and 4, and sign below Section 3 because you had been previously qualified. If NO, complete all parts that pertain.

1e. Do you possess a current State Professional Engineering License in Welding Engineering? No Yes

If YES, you are exempt from all Parts; attach copy of certificate and complete Sections 2, 3, 4, 8, 9

1f. Do you have an International Institute of Welding IWE Diploma?

Diploma # _____ *Attach certificate copy and complete Sections 2, 3, 4, 5, 8, 9*

1g. Do you have a European Welding Federation EWE Diploma? No Yes

Diploma # _____ *Attach certificate copy and complete Sections 2, 3, 4, 5, 8, 9*

1h. Have you passed the Engineering Fundamentals Examination (formerly EIT) administered by a State Board of Engineering?

No Yes *If YES, you are exempt from Parts 1 & 2; attach copy of exam results and complete all parts*

State and Date where exam was taken _____

2. Personal Information

Last Name										First Name										MI	

ADDRESS																		APT NO.			

City and State / Province / Country																Zip Code/Postal Code					

Home Number						Work Number						Cell Number					

E-Mail Address																					

Sign me up to receive text alerts regarding my certification status.

Sign me up to receive text information regarding other AWS products and special promotions.

*Normal text messaging rates & fees apply as determined by your cellular provider.

3. Indicate the Exam Location of Your Choice.

1 st Site Code: _____	Exam Date: _____	City/State: _____	Submission Deadline: _____
2 nd Site Code: _____	Exam Date: _____	City/State: _____	Submission Deadline: _____
3 rd Site Code: _____	Exam Date: _____	City/State: _____	Submission Deadline: _____

AWS strongly recommends the applicant selects a second and third site location alternative. If the first choice is not available, the next available location will be selected. Please do not make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department.

By signing below, I verify I have read and met the standard requirements for re-examination. I agree to comply with the provisions set forth in the Standard concerning the administration of my examination and certification. I further understand that any required information that is incomplete or missing will cancel this application.

Applicant's Signature _____ Date: _____

4. Method of Payment-*Payment must accompany your application. All checks and money orders made out to AWS.*

<input type="checkbox"/> Check or money order # _____	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	<input type="checkbox"/> Diners	<input type="checkbox"/> Discover
CC#: _____/_____/_____/_____	Exp: _____/_____	Signature _____			

AWS USE ONLY

Acct #: _____	Date: _____	Amt\$: _____	CWEng	<input type="checkbox"/> Parts 1 & 2	<input type="checkbox"/> Parts 3 & 4
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Name: _____ Account Number: _____

5. Qualifying Work Experience

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 _____

B. Job Title

From	month	year	To	month	year	Total # of years here
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

For AWS Staff use:
Total years recognized

Primary product or service at this employer:

C. Experience Requirements.

- 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)

Sample...

<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.

Name: _____ Account Number: _____

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 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. 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. Photo Identification Card

Applicants **MUST** submit one (1) passport-style color photograph in the size of 2X2 with this application. Please print your name and membership number (if applicable) on the reverse of the photograph. "The acceptance of your photo is always at the discretion of AWS." <http://www.aws.org/w/a/certification/photoidreqs.html>

8. Proviso

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 is to be revealed. Yes No

9. Notarization

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.

Signature _____ Date _____

Sworn to and subscribed before me, this _____ day of _____ 20 _____

My commission expires _____

Notary Public Signature _____ (stamp and/or seal required)

Name: _____ Account Number: _____

10. Employment Verification

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:

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I verify that _____, is/was employed by this company and does/did
Print Applicant's Name
carry out the described principle duties during the employment period(s) indicated on this application.

My name is _____ My job title is _____ Date _____
Print Supervisor's Name

Signature _____
Supervisor's Name

For verification, you may contact me by:

Phone: _____ during these hours _____ to _____
i.e. (000) 000-0000 (00:00 AM/PM) (00:00 AM/PM)

Email: _____
i.e. weld@welding.com