



Faxed or emailed applications are NOT accepted

Last Name												First Name												MI	

I am applying for: CAWI Only CWI Only

1. Indicate the exam location of your choice:
PLEASE ALLOW 3-4 WEEKS TO RECEIVE A CONFIRMATION LETTER TO THE EMAIL ADDRESS IN SECTION 6. OTHERWISE, IT WILL BE MAILED.

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 the applicant indicate an alternate second and third site location. If the first choice is not available, registration will indicate the next available choice site. Please **do not** make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department via email. * Please refer to AWS Policies and Fees.

2. Check and complete the following

Your AWS Member # (if applicable): _____

Check here if taking a non-AWS seminar prior to the exam.

Name of Agency _____
 City, State: _____ Date: _____

4. Indicate the following AWS seminar of your choice or choose "Examination Only" below

D1.1 SEMINAR WEEK PAK (code book included)

- D1.1 Code Clinic (Sun 1 PM – 5 PM & Mon 8 AM – 12 Noon)
- Welding Inspection Technology Workshop (Tues – Thurs 8 AM – 5 PM)
- Visual Inspection Workshop (Fri 8 AM – 5 PM)
- Certification Exam (Sat 8 AM – 5 PM)

add CWI Pre-Seminar (online course only)

API 1104 SEMINAR WEEK PAK (code book **not** provided)

- API 1104 Code Clinic (Mon 1 PM – 5 PM)
- Welding Inspection Technology Workshop (Tues – Thurs 8 AM – 5 PM)
- Visual Inspection Workshop (Fri 8 AM – 5 PM)
- Certification Exam (Sat 8 AM – 5 PM)

add CWI Pre-Seminar (online course only)

3. Select one of the following code application test subject

AWS D1.1 – Structural Steel Code

API-1104 – Pipelines

AWS D1.2 – Structural Aluminum Code *Code Clinic not available.

AWS D1.5 – Bridge Welding Code *Code Clinic not available.

AWS D15.1 – Railroad *Code Clinic not available.

AWS D17.1 – Aerospace *Code Clinic not available.

ASME Sections VIII (Div 1) & IX *Code Clinic not available.

ASME Section IX, B31.1 and B31.3 *Code Clinic not available.

FOR INDIVIDUAL CODE CLINICS/WORKSHOPS:

D1.1 Code Clinic (code book not supplied)

API-1104 Code Clinic (code book not supplied)

Welding Inspection Technology Workshop

Visual Inspection Workshop

CWI Pre-Seminar (online course only)

EXAMINATION ONLY (MUST PROVIDE OWN CODE BOOK)

For code book editions and other exam information visit our website www.aws.org/certification/endorsebok

Exam Fees- Please visit our website <http://www.aws.org/certification/pricelist/>

5. METHOD OF PAYMENT- ALL CHECKS AND MONEY ORDERS SHOULD BE MADE PAYABLE TO AWS.		AWS USE ONLY	
PAYMENT MUST ACCOMPANY YOUR APPLICATION		Acct #: _____	
<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		Date: _____	
CC#: _____ / _____ / _____ / _____ Exp: _____ / _____		Amt \$: _____ CWI	
SIGNATURE _____			

NAME: _____

AWS MEMBER # _____

8. Education Level

Check the appropriate box below

<input type="checkbox"/>	High school graduate or achieved GED certificate. CWI applicants must document five (5) years and CAWI applicants must document two (2) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/>	Did not graduate high school, but completed the 8th grade. CWI applicants must document nine (9) years and CAWI applicants must document four (4) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/>	Did not complete the 8th grade. CWI applicants must document twelve (12) years and CAWI applicants must document six (6) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>

9. Additional Education and Experience

<input type="checkbox"/> VoTech credits - MUST attach transcripts of welding related courses or diploma	Circle no. of years attended 0 1 2 3 4	Maximum one (1) year work substitution credit <i>only</i> if courses completed and <i>within</i> a curriculum related to welding.
<input type="checkbox"/> College credits - MUST attach transcripts of engineering-level courses or diploma	Circle no. of years attended 0 1 2 3 4	Maximum two (2) years work substitution credit <i>only</i> if the degree is in engineering technology, engineering, or physical science

10. Qualifying Work Experience: Resumes not accepted. This section must be completed.

NOTE: PLEASE DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE QUALIFYING WORK EXPERIENCE REQUIREMENTS FOR CWI/CAWI ELIGIBILITY.

(Initials) I understand that all work experience documented on this application will be verified by AWS prior to exam confirmation.

Company Name	Type of Business	Company Phone Number	
Company Street Address		City, State, Zip Code	
Supervisor's Name		Title of Immediate Supervisor	
Supervisor's Email Address		Department	
Applicant's Job Title	Employed From:	To:	
	(Mo.) (Yr.)	(Mo.) (Yr.)	
Job Responsibilities- Detailed Description Required			

Company Name	Type of Business	Company Phone Number	
Company Street Address		City, State, Zip Code	
Supervisor's Name		Title of Immediate Supervisor	
Supervisor's Email Address		Department	
Applicant's Job Title	Employed From:	To:	
	(Mo.) (Yr.)	(Mo.) (Yr.)	
Job Responsibilities- Detailed Description Required			

NAME: _____

AWS MEMBER # _____

11. Employment Verification

This section **MUST** be completed by a supervisor or personnel manager for the most recent employer indicated in section 10. If **currently self-employed** or a **contract applicant** you must substitute this section with a letter of reference on company letterhead from two (2) separate clients attesting to the nature of work assignments during the period of performance, type of work done and length of time as a client. **If the employer is no longer in business, please include a copy of the W2 form.**

Company Name: _____ Company Phone: _____

Company Address: _____

City, State: _____ Zip Code: _____ Country: _____

I _____, verify that _____ maintained employment at

Supervisor/Personnel Manager's Name

Employee's Name (print)

_____ from _____ to _____

Company Name

Date mm/yyyy

Date mm/yyyy or Present

Signature: _____ Date: _____

Supervisor/Personnel Manager's Name

Month/Day/Year

12. Visual Acuity Record

A current Visual Acuity Record must be completed and submitted with this application. To download a copy of the form, please visit our website <http://www.aws.org/certification/docs/VisualAcuityRecord.pdf>.

IMPORTANT: This form must be completed and received in the AWS Certification Department not later than 30 days after the applicant's completed examination date. Applicants who have not fulfilled all requirements within 30 days after the examination date shall have all records, scores and applications voided and may be in jeopardy of forfeiting application fees.

13. 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>

14. Testimonial

(Applicants must read and sign the following statement in front of a notary)

I hereby certify that I have read the standard requirements contained in AWS QC1, *Standard for AWS Certification of Welding Inspectors*. Further, I agree to comply with the existing requirements and any subsequent requirements instituted by AWS. I have read and agree to the terms and conditions set forth in the *AWS Policies and Fees* form. 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. Upon obtaining my certification, I give AWS the right to reveal my certification status as it relates to my validity and expiration date only.

Furthermore, I certify that I have not obtained any exam materials, have no prior knowledge of the AWS exam questions or answers, and have not and will not accept any solicitation for the AWS exam questions or answers from anyone at any time before or after the exam. I understand that a violation of this oath may be grounds for invalidation of my certification.

Applicant's Signature _____ Date _____

* *AWS Policies and Fees*, please visit the following link <http://www.aws.org/certification/policiesfees/>

THE FOLLOWING IS TO BE COMPLETED BY A NOTARY PUBLIC

Sworn to and subscribed before me this _____ day of _____ of year _____ .

My commission expires _____ Notary Public Signature _____ (seal and/or stamp is REQUIRED)