# American Welding Society 8669 NW 36 St, # 130 Miami, FL 33166-6672 (800) 443-9353 or (305) 443-9353, ext. 273

# CERTIFIED WELDING INSPECTOR

EXAM APPLICATION

Faxed or emailed applications are <u>NOT</u> accepted

Last Name Fir:	st 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 MAIILED.										
1 <sup>st</sup> Site Code: Exam Date: City/State:	*Submission Deadline:									
2 <sup>nd</sup> Site Code: Exam Date: City/State:	*Submission Deadline:									
3 <sup>rd</sup> Site Code: Exam Date: City/State:	*Submission Deadline:									
<b>NOTE:</b> 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 <u>do not</u> 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	4. Indicate the following AWS seminar of your choice or									
	choose "Examination Only" below									
Your AWS Member # ( <i>if applicable</i> ):										
Check here if taking a non-AWS seminar prior to the exam.     D1.1 SEMINAR WEEK PAK (code book included)     1. D1.1 Code Clinic(Sun1PM-5PM&Mon8AM-12Noon)										
Name of Agency       2. Welding Inspection Technology Workshop         (Tues – Thurs 8 AM – 5 PM)										
	3. Visual Inspection Workshop (Fri 8 AM – 5 PM)									
City, State: Date:	4. Certification Exam (Sat 8 AM – 5 PM) add CWI Pre-Seminar (online course only)									
	API 1104 SEMINAR WEEK PAK (code book not provided)									
3. Select one of the following code application test subject	1. API 1104 Code Clinic (Mon1PM-5PM)									
5. Select one of the following code application test subject	<ol> <li>Welding Inspection Technology Workshop (Tues–Thurs 8AM–5PM)</li> <li>Visual Inspection Workshop (Fri8AM–5PM)</li> </ol>									
AWS D1.1 – Structural Steel Code	4. Certification Exam (Sat 8AM−5PM) ☐ add CWI Pre-Seminar (online course only)									
API-1104 – Pipelines	FOR INDIVIDUAL CODE CLINICS/WORKSHOPS:									
AWS D1.2 – Structural Aluminum Code *Code Clinic not available.	D1.1 Code Clinic (code book not supplied)									
AWS D1.5 – Bridge Welding Code *Code Clinic not available.	API-1104 Code Clinic (code book not supplied)									
AWS D15.1 – Railroad *Code Clinic not available.	Welding Inspection Technology Workshop									
AWS D17.1 – Aerospace *Code Clinic not available.	Visual Inspection Workshop									
ASME Sections VIII (Div 1) & IX *Code Clinic not available.	CWI Pre-Seminar (online course only)									
ASME Section IX, B31.1 and B31.3 *Code Clinic not available.										
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 #:
Check or money order #	
VISA MC AMEX Diners Discover	Date:
CC#:/// Exp:/	
SIGNATURE	Amt \$: CWI

NAME: \_

AWS MEMBER #\_

6. P	5. Personal Information																								
Add	Address																								
Add	Address (cont'd)																								
City	and	Stat	e / I	Provi	ince	/ Co	untr	ŷ													Z	ip Co	ode		
Home Telephone Number     Work Telephone Number     Mobile Telephone Number																									

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.

Dat	e Of	Birth	MM/	DD/YY				U.S	. Soc	AL SI	ECUR	τγ Ν	UMBE	ĒR										
								x	x	x	x	x												
E-M	lail A	ddre	ess (O	Confi	irmat	tion i	notif	icati	on w	ill be	e ser	nt to	this	addı	ress)									

## 7. Associations

Type of Business (check only ONE)	Job Classification (check only ONE)	Technical Interests
A Contract construction	01 President, owner, partner, officer	(check ALL that apply)
B Chemicals & allied products	02 Manager, director, superintendent	Ferrous metals
C Petroleum & coal industries	(or assistant)	
	03 Sales	□Non-ferrous except aluminum
D Primary metal industries	04 Purchasing	□Advanced materials/intermetallics □Ceramics
E Fabricated metal products		High energy Processes
F Machinery except elect. (incl. gas welding)	05 Engineer — welding	□ Arc Welding
G Electrical equip., supplies, electrodes	06 Engineer — other	Brazing & Soldering
H Transportation equip air, aerospace	07 Inspector, tester	Resistance Welding
	08 Supervisor, foreman	□Thermal Spray
I Transportation equip automotive	09 Welder, welding or cutting operator	□Cutting
J Transportation equip boats, ships		
K 🔲 Transportation equip railroad	10 Architect, designer	□Safety & Health
L Utilities	11 Consultant	□Pipe & Tubing
M Welding distributors & retail trade	12 Metallurgist	Pressure Vessels & Tanks
	13 Research & development	
N Misc. repair services (incl. welding shops)		
O Educational Services	14 Technician	□Sheet metal
(univ., libraries, schools)	15 Educator	□Stamping & punching
P Engineering & architectural services	16 Student	Bending & shearing
(incl. assns.)	17 Librarian	□ Aerospace
Q Misc. business services		
(incl. commercial labs)	18 Customer service	□Machinery □Marine
R Government (federal, state, local)	19 Other	□Marine
	20 Engineer - design	
S Other	21 Engineer - manufacturing	
		□Computerization of Welding
	22 Quality Control	

NAME: \_

#### 8. Education Level Check the appropriate box below

High school graduate or achieved G	-D cortificato							
CWI applicants must document five (5) years and <u>CAWI</u> 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> )								
Did not graduate high school, but completed the 8 <sup>th</sup> 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> )								
□ Did not complete the 8 <sup>th</sup> grade.								
CWI applicants must document twe Work Experience Section below. (P		nts must document six (6) years of work experience in the Qualifying						
9. Additional Education and Experience								
<ul> <li>VoTech credits - <u>MUST</u> attach transcripts of welding related courses or diploma</li> </ul>	Circle no. of years attended 0 1 2 3 4	<b>Maximum</b> one (1) year work substitution credit <i>only</i> if courses <i>completed</i> and <i>within</i> a curriculum related to welding.						

College credits - MUST attach	Circle	no. o	f yea	rs att	tendeo	Maximum two (2) years work substitution credit <i>only</i> if the degree
transcripts of engineering-level						is in engineering technology, engineering, or physical science
courses or diploma	0	1	2	3	4	is in engineering technology, engineering, or physical science

# 10. Qualifying Work Experience: Resumes not accepted. This section <u>must</u> be completed.

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

\_\_\_\_\_ 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 Ph	none Number
Company Street Address	City, Sta	te, Zip Coo	de	
Supervisor's Name	Title of Imm	ediate Sup	pervisor	
Supervisor's Email Address			Department	
Applicant's Job Title		Employe	ed From:	То:
		(Mo.)	(Yr.)	(Mo.) (Yr.)
Job Responsibilities- Detailed Description Required				

Company Name	Type of Bus	siness		Company Phon	e Number	
Company Street Address		City, State, Zip C	Code			
Supervisor's Name		Title of Immediate S	Supervi	isor		
Supervisor's Email Address			De	partment		
Applicant's Job Title		Emplo	yed Fro	om:	To:	
		(Mo.)		(Yr.)	(Mo.)	(Yr.)
Job Responsibilities- Detailed Description Required						

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 Na	ime:	C	ompany Phone:		
Company Ad	dress:				
City, State: _			_ Zip Code:	Country:	
lSu	upervisor/Personnel Manager's Name	, verify that _	Employee's Name	maintained emplo	yment at
	Company Name	from Date mm/y		Date <b>mm/yyyy</b> or Present	
Signature: _	Supervisor/Personnel	Manager's Name	Date:	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 <u>http://www.aws.org/certification/docs/VisualAcuityRecord.pdf</u>.

IMPORTANT: This form must be completed and received in the AWS Certification Department <u>not later than 30 days</u> 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." <u>http://www.aws.org/w/a/certification/photoidregs.html</u>

#### 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	D	ate							
* AWS Policies and Fees, please visit the following link <a href="http://www.aws.org/certification/policiesfees/">http://www.aws.org/certification/policiesfees/</a>									
THE FOLLOWING IS TO BE COMPLETED BY A NOTARY PUBLIC									
Sworn to and subscribed before me this o	lay of of year								
My commission expires	Notary Public Signature	(seal and/or stamp is REQUIRED)							