

CERTIFIED WELDING INSPECTOR EXAM APPLICATION

Faxed or emailed applications are **NOT** accepted

Last Name Fi	rst 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.										
1 st Site Code: Exam Date: City/State: _										
2 nd Site Code: Exam Date: City/State: _										
3 rd 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. Seminar/Exam Schedule- Please visit our website http://www.aws.org/w/a/registrations/prices schedules.htm										
2. Check and complete the following		owing AWS seminar of your choice or								
Your AWS Member # (if applicable):	choose "Examina	ation Only" below								
Check here if taking a non-AWS seminar prior to the exam. Name of Agency	D1.1 SEMINAR WEEK PAK (code book included) 1. D1.1 Code Clinic(Sun 1 PM – 5 PM & Mon 8 AM - 12 Noon) 2. Welding Inspection Technology Workshop (Tues – Thurs 8 AM – 5 PM)									
City, State: Date:	3. Visual Inspection Workshop (Fri 8 AM – 5 PM) 4. Certification Exam (Sat 8 AM – 5 PM) add CWI Pre-Seminar (online course only)									
3. Select one of the following code application test subject	API 1104 SEMINAR WEEK PAK (code book <u>not</u> provided) 1. API 1104 Code Clinic (Mon1PM-5PM) 2. Welding Inspection Technology Workshop (Tues-Thurs 8AM-5PM)									
AWS D1.1 – Structural Steel Code API-1104 – Pipelines	Workshop (Fri8AM–5PM) n (Sat 8AM–5PM) ninar (online course only)									
AWS D1.2 – Structural Aluminum Code *Code Clinic not available.	FOR INDIVIDUAL CODE CLINICS/WORKSHOPS:									
AWS D1.5 – Bridge Welding Code *Code Clinic not available.	D1.1 Code Clinic (code book not supplied)									
AWS D15.1 – Railroad *Code Clinic not available.	API-1104 Code Clinic (code book not supplied)									
AWS D17.1 – Aerospace *Code Clinic not available.	Welding Inspection Technology Workshop 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 EXAMINATION ONLY (MUST PROVIDE OWN CODE BOOK)										
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										
Check or money order #		Acct #:								
□ VISA □ MC □ AMEX □ Diners □ Discover	Date:									

SIGNATURE_

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CWI

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6. Personal Information																																	
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7. /	Asso	ciatio	ons																														
T	/pe o	f Bus	ines	s (ch	eck c	nly	ONI	Ξ)				Jo	Job Classification (check only ONE)									Technical Interests											
Type of Business (check only ONE) A ☐ Contract construction									01 President, owner, partner, officer									(check ALL that apply)															
	· □ ·						קוורי	rs					02 Manager, director, superintendent								☐Ferrous metals												
	_											02	(or assistant)								□Aluminum												
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			-										04 Purchasing							☐Advanced materials/intermetallics☐Ceramics													
		Fabri	cate	d me	etal p	rod	ucts													☐ High energy Processes													
		Mach	nine	ry ex	cept	elec	t. (ir	ncl. g	gas w	veldi	ng)										☐Arc Welding												
	G 🔲	Elect	rical	equi	p., sı	ıppl	lies,	elec	trod	es			06 Engineer — other								☐Brazing & Soldering												
	н 🔲	Trans	spor	tatio	n equ	uip.	- air	, aer	ospa	ace			07 Inspector, tester								☐Resistance Welding												
		Trans	spor	tatio	n equ	uip.	- au	tomo	otive	<u>:</u>		08	08 Supervisor, foreman								☐Thermal Spray												
1.	ı [□:	Trans	spor	tatio	n egı	лір.	- bo	ats, s	ships	5		09	09 Welder, welding or cutting operator								☐Cutting☐NDT												
	· □											10	10 Architect, designer								□Safety & Health												
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L Utilities								12	12 Metallurgist								□Pressure Vessels & Tanks																
M Welding distributors & retail trade								13	13 Research & development								□Structures																
N Misc. repair services (incl. welding shops)									14 Technician								☐Roll Forming ☐Sheet metal																
O Educational Services								15 Educator								☐Stamping & punching																	
(univ., libraries, schools) P ☐ Engineering & architectural services																☐Bending & shearing																	
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6. Education Level											
Check the appropriate box below											
☐ High school graduate or achieved GE	D certificate.										
CWI applicants must document five (5) years and <u>CAWI</u> applicants r	nust document	two (2)	years of work exp	erience in tl	he Qualifying					
Work Experience Section below. (Ple											
□ Did not graduate high school, but con											
CWI applicants must document nine	(9) years and CAWI applicants	must documen	nt four (4) years of work ex	perience in	the Qualifying					
Work Experience Section below. (Ple											
☐ Did not complete the 8 th grade.											
CWI applicants must document twel	ve (12) years and CAWI applica	ants must docur	ment six	(6) years of work	experience	in the Qualifying					
Work Experience Section below. (Ple				. , ,	•	, ,					
	,										
9. Additional Education and Experience											
□ VoTech credits - MUST attach	Circle no. of years attended	•	(4)								
transcripts of welding related	•			year work substitut							
courses or diploma	0 1 2 3 4	completed a	and <i>with</i>	hin a curriculum rel	ated to wel	ding.					
☐ College credits - MUST attach	Circle no. of years attended										
transcripts of engineering-level	Circle Her er years accenaeu			years work substitu							
courses or diploma	0 1 2 3 4	is in engine	ering te	chnology, engineer	ing, or phys	sical science					
courses or diploma	0 1 2 3 4										
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10. Qualifying Work Experience: Resume						,					
NOTE: PLEASE DUPLICATE THIS SECTION FOR EACH	ADDITIONAL EMPLOYER IN ORDER TO	MEET THE QUALIFY	ring wor	RK EXPERIENCE REQUIRI	EMENTS FOR C	WI/CAWI ELIGIBILITY.					
I understand that all work expe	erience documented on this ap	plication will be	e verifie	ed by AWS prior to	exam confir	mation.					
(micus)											
Company Name	Type of Bu	ıcinecc		Company Phone	e Number						
Company Name	Type of Bo	13111033		Company Filoni	e Number						
Company Street Address		City, State, Zip Code									
Supervisor's Name		Title of Immed	diata Sur	orvicor							
Supervisor s warre		Title of fillinet	alate Sup	JEI VISOI							
Supervisor's Email Address				Donartment							
Supervisor's Email Address				Department							
Applicant's Job Title		1	Employe	d From:	To:						
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Job Responsibilities - Detailed Description Re	quired										
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Company Name	Type of Bu	ısiness		Company Phone	e Number						
Company Street Address		City, State	Zin Cod	 a							
Company Street Address		City, State	, zip coc	ic							
Supervisor's Name		Title of Immed	diate Sup	ervisor							
Supervisor's Email Address				Department							
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Applicant's Job Title		[]	Employe	u rrom:	To:						
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Job Responsibilities- Detailed Description Re	auired			()	(.v.o.)	(' ' ')					
222 135pension ne	,										

AWS MEMBER #

NAME: _

Name:	AWS MEN	ЛBER #	
11. Employment Verification			
This section <u>MUST</u> be completed by a supercurrently self-employed or a contract appletterhead from two (2) separate clients as work done and length of time as a client.	licant you must substitute this settesting to the nature of work ass	ection with a lette signments during t	r of reference on company the period of performance, type of
Company Name:	Company Ph	one:	
Company Address:			
City, State:	Zip Code	:	Country:
Supervisor/Personnel Manager's Name	, verify that	Employee's Name (print)	
Company Name	from Date mm/yyyy	to Date i	mm/yyyy or Present
Signature:Supervisor/Personnel	Managar's Nama	Date:	Month/Day/Year
Supervisor/Personner	IVIAIIABEI 3 IVAIIIE		iviolitii/ Day/ I cai

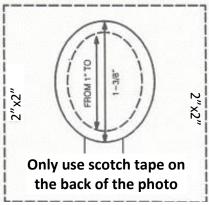
12. Visual Acuity Record

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 <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 <u>MUST</u> submit one (1) passport-style color photograph. Please print your name and membership number (if applicable) on the reverse of the photograph. Your photo is a vital part of your application. To learn more, review the information on how to provide a suitable photo to avoid processing delays by visiting our website http://www.aws.org/w/a/certification/photoidregs.html. The acceptance of your photo is always at the discretion of the AWS.



Photos copied or digitally scanned from driver's licenses or other official documents are <u>not acceptable</u>.

DO NOT STAPLE OR PAPER CLIP PHOTO

Photo Requirements:

- In color
- Printed on photo quality paper **ONLY**
- Photo is sharp (in focus) without any visible pixels or printer dots
- 2 x 2 inches (51 x 51 mm) in size
- Sized such that the head is between 1 inch and 1 3/8 inches (between 25 and 35 mm) from the bottom of the chin to the top of the head.
- Taken within the last 6 months to reflect your current appearance
- Taken in front of a plain white or off-white background
- Taken in full-face view directly facing the camera
- With a neutral facial expression and both eyes open

Name:	AWS MEMBER #
14. ADA Accomodations	
	ations due to a disability. I agree that I have read AWS Disability conditions set forth. A copy of the ADA form can be found at
15. Testimonial	
(Applicants must read and sign the following statement in f	ront of a notary)
Certified Welding Inspector	
QC1 Standard for the AWS Certification of Welding Inspector	ors & B5.1 Specification for the Qualification of Welding Inspectors
agree to comply with the existing requirements and any subtained agree to the terms and conditions set forth in the AWS on this application is true; I understand that any false states information. I agree to comply with the provisions set forth and certification. Upon obtaining my certification, I give AW	contained in the certification programs indicated above. Further, I osequent requirements that may be instituted by AWS. I have read <i>Policies and Fees form.</i> I certify that the information I have included ments will nullify this application. I give AWS permission to verify this in the Standard concerning the administration of my examination //S the right to reveal my certification status as it relates to my any required information that is incomplete or missing will cancel
answers, and have not and will not accept any solicitation	for the AWS exam questions or answers from anyone at any time
perore or after the exam. I understand that a violation of t	this oath may be grounds for invalidation of my certification.
Applicant's Signature	Date
THE FOLLOWING IS TO BE COMPLETED BY A NOTARY PUBLIC	
Sworn to and subscribed before me this day of	20
,	20
My commission expires Notary Pub	lic Signature
	NOTARY STAMP AND/OR SEAL IS REQUIRED