



Certification # \_\_\_\_\_ Exp. Date \_\_\_\_\_

AWS Member # \_\_\_\_\_

Last Name										First Name										MI

**1. Renewal (choose one)**

- CWI and SCWI renewal by work experience **Complete sections 3 through 9.**  
The WI requesting renewal of certification shall attest to having no period of continuous inactivity greater than two years during the previous three years of certification.
- CWI and SCWI renewal by examination **Complete sections 2 through 9.**  
WI not meeting the work experience requirements for renewal may renew by taking the CWI part B Practical exam and meet the scoring requirements of 6.2.2 of QC1.
- By checking this box I am requesting special accommodations due to a disability. AWS is committed to complying fully with the ADA. A copy of the accommodations request form can be found at [http://www.aws.org/certification/docs/ADA\\_accom.pdf](http://www.aws.org/certification/docs/ADA_accom.pdf)

**2. Exam site code Indicate the exam location of your choice: Confirmation will be emailed in 3-4 weeks from receipt.**

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: _____

**NOTE:** If the first choice is not available, registration will indicate the next available choice site. **DO NOT** make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department via email. \* Refer to AWS Policies and Fees.

**Seminar/Exam Schedule**  
[http://www.aws.org/w/a/registrations/prices\\_schedules.html](http://www.aws.org/w/a/registrations/prices_schedules.html)

**Renewal Fees**  
<http://www.aws.org/certification/pricelist/>

3. Method of Payment	AWS USE ONLY
Payment must accompany this application All checks and money orders made payable 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 _____ <input type="checkbox"/> Email receipt <input type="checkbox"/> Mail receipt	Acct #: _____ Date: _____ Amt \$: _____



**6. Requirements**

Refer to AWS QC1, Standard for AWS Certification of Welding Inspectors for further details

- The period of validity for AWS SCWI and CWI certification is three (3) years. The SCWI/CWI shall be responsible for maintaining a current address with the AWS Certification Department. To be eligible for renewal, the CWI must:
  - o Submit an approved renewal application to the AWS Certification Department by the expiration date of the current certification and no earlier than 6 months prior to the expiration date of that certification.
  - o AWS may send a renewal notice, but if not received, **it remains the responsibility of the SCWI/CWI to renew on time.**
- The SCWI/CWI requesting renewal of certification shall attest to having no period of continuous inactivity greater than two years in activities described in AWS B5.1 and QC1 during the previous three years of certification.
  - o SCWI/CWI not meeting the requirements of 15.4 from AWS QC1 may renew by taking the CWI part B Practical exam and meet the scoring requirements of 6.2.2 of QC1.
- SCWI/CWI certification renewals are limited to two consecutive three-year periods.

**(Reproduce this section for each additional employer)**

Company Name	Type of Business	Company Phone Number	
Company Street Address		City, State, Postal 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			

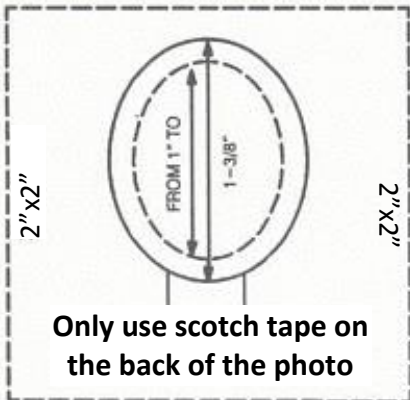
**7. Visual Acuity Record**

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

**8. Photo Requirement**

Applicants **MUST** submit one (1) passport-style color 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/photoideqs.html>. The acceptance of your photo is always at the discretion of the AWS.

Print your name and AWS membership number on the reverse of the photograph.



**DO NOT STAPLE OR PAPER CLIP PHOTO**

*Photos copied or digitally scanned from driver's licenses or other official documents are **not acceptable**.*

9. Testimonial

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

**Certified Welding Inspector**

QC1 Standard for the AWS Certification of Welding Inspectors

B5.1 Specification for the Qualification of Welding Inspectors

I hereby certify that I have read the standard requirements contained in the certification programs indicated above. Further, I agree to comply with the existing requirements and any subsequent requirements that may be 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. I further understand that any required information that is incomplete or missing will cancel this registration.

**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 \_\_\_\_\_

**THE FOLLOWING IS TO BE COMPLETED BY A NOTARY PUBLIC**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

My commission expires \_\_\_\_\_

Notary Public Signature \_\_\_\_\_

NOTARY STAMP AND/OR SEAL IS REQUIRED