



# American Welding Society®

Mail to: 8669 NW 36 St., Suite 130  
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Phone: (1) (305) 443-9353

## AWS Certified Welding Inspector (CAWI/CWI/SCWI)

### Application for International Agent Exams

**STAPLE YOUR PHOTOGRAPH HERE**

APPLICANTS MUST SUBMIT ONE (1) PASSPORT-STYLE COLOR PHOTOGRAPH IN THE SIZE OF 51mmX51mm

PLEASE PRINT YOUR NAME AND AWS MEMBERSHIP NUMBER (IF APPLICABLE) ON THE REVERSE OF THE PHOTOGRAPH.

**DO NOT GLUE THE PHOTOGRAPH: STAPLE IT OR USE A PAPER CLIP.**

THE PHOTO REQUIREMENTS ARE AVAILABLE FOLLOWING THIS LINK:

<http://www.aws.org/w/a/certification/photoidreqs.html>

FULL LAST NAME- AS IT APPEARS ON YOUR INTERNATIONAL PASSPORT OR NATIONAL ID (IN ENGLISH)

FULL FIRST NAME- AS IT APPEARS ON YOUR INTERNATIONAL PASSPORT OR NATIONAL ID (IN ENGLISH)

### 1. Testimonial

*(this section **MUST** be completed or application will be rejected)*

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 its validity and expiration date only. I hereby certify that I have read the standard requirements contained in AWS QC1, *Standard for AWS Certification of Welding Inspectors*. 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.

**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.**

Provide a copy of the biographical page of your Passport or a National Identity Document translated to English.

Submit an updated Visual Acuity Record. <http://www.aws.org/certification/docs/VisualAcuityRecord.pdf>

NOTARY SEAL or COMPANY SEAL of CANDIDATE'S CURRENT EMPLOYER or AUTHORIZED INTERNATIONAL AGENT SEAL

Applicant's Signature

Date mmm/dd/yyyy

**2. I am applying for (mark only one):** **CAWI** **CWI** **SCWI**

Site Code \_\_\_\_\_ Exam Date \_\_\_\_\_ Country \_\_\_\_\_ Agency \_\_\_\_\_

### 3. COMPLETE THE FOLLOWING

Your AWS Member # (if applicable) \_\_\_\_\_

Check here if taking a seminar/course prior to the exam. \_\_\_\_\_

Name of Agency: \_\_\_\_\_

City, Country: \_\_\_\_\_

Date: \_\_\_\_\_

### 4. CHOOSE EXAM LANGUAGE

ENGLISH

(中国) CHINESE-ENGLISH

(ESPAÑOL) SPANISH-ENGLISH

(РУССКИЙ) RUSSIAN-ENGLISH

(PORTUGUÊS) PORTUGUESE-ENGLISH

(العربية) ARABIC-ENGLISH

### 5. SELECT ONE OF THE FOLLOWING FOR YOUR CODE APPLICATION TEST SUBJECT (CAWI and CWI only)

**AWS D1.1** Structural Steel Code

*(Arabic, Chinese, English, Portuguese, Spanish, and Russian)*

**API 1104** Pipelines

*(Arabic, Chinese, English, Portuguese, Spanish, and Russian)*

**AWS D1.2** Structural Aluminum Code *(English)*

**AWS D1.5** Bridge Welding Code *(English)*

**AWS D15.1** Railroad *(English)*

**AWS D17.1** Aerospace *(English)*

**ASME Sections VIII (Div 1) & IX** *(English)*

**ASME Sections IX, B31.1 & B31.3** *(English)*

#### Note

For code book editions and other exam information please visit our website [www.aws.org/certification/endorsebok](http://www.aws.org/certification/endorsebok)

### AWS USE ONLY

Acct # \_\_\_\_\_ Date: \_\_\_\_\_ Amt \$: \_\_\_\_\_ CWI-I

**6. PERSONAL INFORMATION**

ADDRESS

ADDRESS (CONT'D)

APT # \_\_\_\_\_

CITY/STATE / PROVINCE

COUNTRY

POSTAL CODE

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

DATE OF BIRTH MMM/DD/ YYYY



E-MAIL ADDRESS - *REQUIRED*

**Exam Information and Documents Delivery:** All the information related to your certification process will be directed and addressed to your Agent. **Please contact your AWS Authorized International Agent in order to know information about your exam, policies, fees, results, and certification documents.** [http://www.aws.org/certification/inter\\_contact.html](http://www.aws.org/certification/inter_contact.html)

**7. Current Job**

Type of Business (check only ONE)	Job Classification (check only ONE)	Technical Interests (check ALL that apply)
A <input type="checkbox"/> Contract construction	01 <input type="checkbox"/> President, owner, partner, officer	<input type="checkbox"/> Ferrous metals
B <input type="checkbox"/> Chemicals & allied products	02 <input type="checkbox"/> Manager, director, superintendent (or assistant)	<input type="checkbox"/> Aluminum
C <input type="checkbox"/> Petroleum & coal industries	03 <input type="checkbox"/> Sales	<input type="checkbox"/> Non-ferrous except aluminum
D <input type="checkbox"/> Primary metal industries	04 <input type="checkbox"/> Purchasing	<input type="checkbox"/> Advanced materials/intermetallics
E <input type="checkbox"/> Fabricated metal products	05 <input type="checkbox"/> Engineer — welding	<input type="checkbox"/> Ceramics
F <input type="checkbox"/> Machinery except elect. (incl. gas welding)	06 <input type="checkbox"/> Engineer — other	<input type="checkbox"/> High energy Processes
G <input type="checkbox"/> Electrical equip., supplies, electrodes	07 <input type="checkbox"/> Inspector, tester	<input type="checkbox"/> Arc Welding
H <input type="checkbox"/> Transportation equip. - air, aerospace	08 <input type="checkbox"/> Supervisor, foreman	<input type="checkbox"/> Brazing & Soldering
I <input type="checkbox"/> Transportation equip. - automotive	09 <input type="checkbox"/> Welder, welding or cutting operator	<input type="checkbox"/> Resistance Welding
J <input type="checkbox"/> Transportation equip. - boats, ships	10 <input type="checkbox"/> Architect, designer	<input type="checkbox"/> Thermal Spray
K <input type="checkbox"/> Transportation equip. - railroad	11 <input type="checkbox"/> Consultant	<input type="checkbox"/> Cutting
L <input type="checkbox"/> Utilities	12 <input type="checkbox"/> Metallurgist	<input type="checkbox"/> NDT
M <input type="checkbox"/> Welding distributors & retail trade	13 <input type="checkbox"/> Research & development	<input type="checkbox"/> Safety & Health
N <input type="checkbox"/> Misc. repair services (incl. welding shops)	14 <input type="checkbox"/> Technician	<input type="checkbox"/> Pipe & Tubing
O <input type="checkbox"/> Educational Services (univ., libraries, schools)	15 <input type="checkbox"/> Educator	<input type="checkbox"/> Pressure Vessels & Tanks
P <input type="checkbox"/> Engineering & architectural services (incl. assns.)	16 <input type="checkbox"/> Student	<input type="checkbox"/> Structures
Q <input type="checkbox"/> Misc. business services (incl. commercial labs)	17 <input type="checkbox"/> Librarian	<input type="checkbox"/> Roll Forming
R <input type="checkbox"/> Government (federal, state, local)	18 <input type="checkbox"/> Customer service	<input type="checkbox"/> Sheet metal
S <input type="checkbox"/> Other	19 <input type="checkbox"/> Other	<input type="checkbox"/> Stamping & punching
	20 <input type="checkbox"/> Engineer - design	<input type="checkbox"/> Bending & shearing
	21 <input type="checkbox"/> Engineer - manufacturing	<input type="checkbox"/> Aerospace
	22 <input type="checkbox"/> Quality Control	<input type="checkbox"/> Automotive
		<input type="checkbox"/> Machinery
		<input type="checkbox"/> Marine
		<input type="checkbox"/> Other
		<input type="checkbox"/> Automation
		<input type="checkbox"/> Robotics
		<input type="checkbox"/> Computerization of Welding
<p><b>The documents AWS QC1 and AWS B5.1 must be read:</b>  <a href="http://www.aws.org/certification/docs/QC1-2007.pdf">http://www.aws.org/certification/docs/QC1-2007.pdf</a>  <a href="http://www.aws.org/certification/docs/b5.1-2003-errata.pdf">http://www.aws.org/certification/docs/b5.1-2003-errata.pdf</a></p> <p><b>A general International Certification Schedule is available on our webpage. Click on "View Schedule Information" <a href="http://www.aws.org/certification/inter_contact.html">http://www.aws.org/certification/inter_contact.html</a></b></p>		

**8. Education Level: check the appropriate box below**

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

<input type="checkbox"/> <b>Did not complete the 8<sup>th</sup> grade</b> <ul style="list-style-type: none"> <li>• CWI applicants must document twelve (12) years of work experience in the Section below.</li> <li>• CAWI applicants must document six (6) years of work experience in the Qualifying Work Experience Section below.</li> </ul>
<input type="checkbox"/> <b>Did not graduate high school, but completed the 8<sup>th</sup> grade</b> <ul style="list-style-type: none"> <li>• CWI applicants must document nine (9) years of work experience in the Qualifying Work Experience Section below.</li> <li>• CAWI applicants must document four (4) years of work experience in the Qualifying Work Experience Section below.</li> </ul>
<input type="checkbox"/> <b>High school graduate (must attach proof of graduation)</b> <ul style="list-style-type: none"> <li>• SCWI applicants must document fifteen (15) years of work experience, and must have been certified as a CWI during 6 years or more.</li> <li>• CWI applicants must document five (5) years of work experience in the Qualifying Work Experience Section below.</li> <li>• CAWI applicants must document two (2) years of work experience in the Qualifying Work Experience Section below.</li> </ul>

**9. Additional Education**

<input type="checkbox"/> VoTech Credits <b>MUST</b> attach transcripts of welding related courses or diploma	Check No. of years attended 0 1 2 3 4 5 6	<b>Maximum one (1) year work substitution credit <i>only</i> if courses <i>completed</i> and <i>within</i> a curriculum related to welding.  <b>(Must attach proof of graduation or transcripts)</b> </b>
<input type="checkbox"/> University Credits <b>MUST</b> attach transcripts of engineering-level courses or diploma	Check No. of years attended 0 1 2 3 4 5 6	<b>Maximum two (2) years work substitution credit <i>only</i> if the degree is in engineering technology, engineering, or physical science  <b>(Must attach proof of graduation or transcripts)</b> </b>

**10. Qualifying Work Experience: Résumé/CV's are not accepted. Must attach documents to prove sufficient work experience.**

*PLEASE DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE QUALIFYING WORK EXPERIENCE REQUIREMENTS*

Company Name	Type of Business	Company Phone Number	
Company Street Address		City, State, Country, 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.)
<b>Job Responsibilities- Detailed Description Required*</b>			

Company Name	Type of Business	Company Phone Number	
Company Street Address		City, State, Country, 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.)
<b>Job Responsibilities- Detailed Description Required*</b>			

Name \_\_\_\_\_

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

Company Name		Type of Business	Company Phone Number	
Company Street Address		City, State, Country, 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.)	
<b>Job Responsibilities-</b> Detailed Description Required*				

Company Name		Type of Business	Company Phone Number	
Company Street Address		City, State, Country, 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.)	
<b>Job Responsibilities-</b> Detailed Description Required*				

**11. Employment Verification** (THIS SECTION MUST BE COMPLETED BY A SUPERVISOR OR PERSONNEL MANAGER FROM THE MOST RECENT EMPLOYER)

**ATTACH A LETTER FROM YOUR CURRENT OR MOST RECENT EMPLOYER ON COMPANY LETTERHEAD CERTIFYING YOUR TIME EMPLOYED, FUNCTIONS, AND JOB TITLE HELD. 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.**

Company Name: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

I \_\_\_\_\_, verify that \_\_\_\_\_ maintained employment at  
Supervisor/Personnel Manager's Name Employee's Name (print)

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Company Name Date MMM/DD/YYYY Date MMM/DD/YYYY or Present

Signature: \_\_\_\_\_  
Supervisor/Personnel Manager's Signature

Date: \_\_\_\_\_  
MMM/DD/YYYY

