



American Welding Society

550 N.W. LeJeune Road, Miami, FL 33126
(800) 443-9353 or (305) 443-9353, ext. 273

SENIOR CERTIFIED WELDING INSPECTOR PROGRAM INFORMATION

To qualify for the SCWI examination, you must be a high school graduate, have a minimum of fifteen years experience in an occupational function that has a direct relationship to welded assemblies fabricated to nation or international standards, and have been certified as a CWI for a minimum of six (6) years.

For CWI applicants doing their sixth year renewal or 9-year recertification who want to pursue and qualify for SCWI certification will need to complete and submit the Senior Welding Inspector Exam application. If you are successful in passing the SCWI examination, your CWI certification number will be retired and a new certification will be issued indicating your new certification date and SCWI status. In case you are not successful in passing the SCWI exam, it is recommended you complete and submit your renewal application or 9-year recertification application to maintain your CWI certification. All fees will apply.

To qualify for examination registration, a Senior Welding Inspector Exam Only Application and the required supporting documentation must be submitted and approved. Applications with incomplete or missing information will be considered unqualified unless the missing documentation can be provided within two (2) week of being notified (via telephone or email) that their application is incomplete. If the applicant fails to meet the qualification criteria for the exam, the exam fee will be refunded minus a processing fee.

Please allow adequate time for your application to be processed. Applicants who have been accepted for the exam will receive a confirmation package via email. If an email address is not provided, your package will be mailed.

The Application Submission Deadline is six (6) weeks prior to the scheduled exam date. Please refer to the seminar/exam schedule to confirm the submission deadline date. If an application is received after the six week deadline and no less than two (2) weeks prior to the exam start date, AWS will process the application for the requested test site if space is available. A **\$250 Fast Track Fee** will be assessed for this service. Please do not make travel or hotel arrangements prior to receiving a confirmation letter for the exam.

Faxed or emailed applications are not accepted. We recommend that you use priority mail with tracking options when mailing your application. If you choose to mail you application via overnight delivery, please mail directly to:

American Welding Society 550 NW LeJeune Road Miami, FL 33126

Please retain a copy of the application for your records. All checks and money orders are to be made payable to AWS. If you have any questions or concerns, please contact the AWS Certification Department at: (800) 443-9353, ext. 273. Our Certification Coordinators are available to assist you Monday through Friday from 8:00 am to 5:00 pm EST.



Mail to: 550 NW Le Jeune Rd Miami, FL 33126
(800) 443-9353 or (305) 443-9353, ext. 273

**Senior Certified Welding Inspector
Exam Only Application**

FAXED OR EMAILED APPLICATIONS ARE NOT ACCEPTED

LAST NAME															FIRST NAME															MI			
MAILING ADDRESS																																APT #	
CITY, STATE, ZIP CODE																																	
SOCIAL SECURITY NUMBER								DATE OF BIRTH MM/DD/YYYY								EMAIL ADDRESS																	
HOME TELEPHONE NUMBER								WORK TELEPHONE NUMBER								MOBILE TELEPHONE NUMBER																	

1. PLEASE CHECK AND COMPLETE THE FOLLOWING

Current or Expired CWI Certification # (if applicable): _____

YOUR AWS MEMBER # _____

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

Name of Agency: _____

City, State: _____

NO SEMINAR AVAILABLE FOR THIS EXAM

OPEN BOOK FORMAT

References for the Exam

- AWS B2.1:2005 or 2009
- AWS B4.0:2007
- AWS QC1:2007
- ASNT SNT-TC-1A:2006 editions only

Each part of the examination is two hours long and consists of multiple choice questions. The exams will be given in an open book format and you may bring any reference materials you feel may assist you on taking the exam. You are allowed to tab or highlight your materials with written notes in the margins as an aid to finding the answers to the exam questions.

3. METHOD OF PAYMENT
ALL CHECKS AND MONEY ORDERS MADE PAYABLE TO AWS.

Payment must accompany your application.

Check or money order # _____

VISA MC AMEX Diners Discover

Credit Card # _____

Expiration Date _____

Mo Yr _____ Signature

AWS USE ONLY

Date _____

Acct # _____

Amt \$ _____

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

2. PLEASE INDICATE THE EXAM LOCATION OF YOUR CHOICE:
YOU MUST ALLOW 3-4 WEEKS PROCESS TIME. CONFIRMATION LETTERS WILL BE EMAILED UNLESS EMAIL ADDRESS IS NOT INDICATED

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 selects a second and third site location alternative. If the first choice is not available, the next available location will be selected. Please do not make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department.

AWS Seminar/Exam Schedule Please visit our website <http://www.aws.org/certification/seminarexam/>

4. ASSOCIATIONS

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

5. EDUCATION LEVEL

MUST MEET THE FOLLOWING REQUIREMENTS:
<input type="checkbox"/> High school graduate or hold a state or military approved high school equivalency diploma. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/> Minimum of fifteen (15) years experience in an occupational function that has a direct relationship to welded assemblies fabricated to national or international standards. <i>(Please refer to the AWS B5.5)</i>
<input type="checkbox"/> Shall have been certified as a CWI for a minimum of six (6) years.

6. ADDITIONAL EDUCATION AND EXPERIENCE: A maximum of two (2) years of post high school education may be substituted for an equal number of years of work experience according to 5.5 of AWS B5.1

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

Name: _____ Account No. _____

7. 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 SCWI ELIGIBILITY.**

(Initials) I understand that all work experience documented on this application may be verified with both past and present employers.

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*				

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: _____ Account No. _____

8. EMPLOYMENT VERIFICATION

** NOTE: THIS SECTION **MUST** BE COMPLETED BY A SUPERVISOR OR PERSONNEL MANAGER FROM THE MOST RECENT EMPLOYER. IF SELF-EMPLOYED OR 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.

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: _____
Company Name

I _____, verify that _____ maintained
Supervisor/Personnel Manager's Name Employee's Name (print)
employment at _____ from _____ to _____
Date mm/dd/yyyy Date mm/dd/yyyy or Present

Signature: _____ Date: _____
Supervisor/Personnel Manager's Name Month/Day/Year

9. TESTIMONIAL: (this section **MUST be completed or application will be rejected)**

(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 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.

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 _____ of year _____.

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

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



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VISUAL ACUITY RECORD

LAST NAME : _____ Certification # (if applicable) : _____

FIRST NAME : _____ MEMBER # (if applicable) : _____

If scheduled to take an AWS certification exam, site location: _____ Date _____

TO APPLICANTS:

This form must be submitted for all Welding Inspector and Radiographic Interpreter applications. Applicants for the Certified Welding Educator only are not required to complete this form.

Before submitting this form with your application to AWS, be sure to keep a copy for your records. If you're unable to supply a completed Visual Acuity Record with your application prior to submission deadline, you may forward this form to the Certification Department separately. Exam applicants may submit completed Visual Acuity Records on exam day. AWS will not release exam results and/or certification renewal without a completed Visual Acuity Record on file.

You must use the services of an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician's Assistant to administer your required eye examination. The examination must occur within the seven months prior to the scheduled date of the applicant's examination and/or certification expiration date.

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12 in. or greater (≥30.5 cm). All applicants shall take a color perception test. Eye examination results must be documented on this visual acuity form supplied by the AWS Certification Department. No other forms will be accepted.

AWS will not accept visual acuity test results that are incomplete or do not comply with regulations.

THE FOLLOWING THREE SECTIONS ARE TO BE COMPLETED BY THE EYE EXAMINER

1. Please verify the customer's close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater (≥30.5 cm): (please check one of the following)		AWS use only
<input type="checkbox"/>	Both eyes require corrected vision to J2	W
<input type="checkbox"/>	Only one eye needs corrected vision to J2	W
<input type="checkbox"/>	No correction is required.	O

2. Through a color perception examination, is the applicant colorblind? (please check one of the following)		AWS use only
<input type="checkbox"/>	No, customer is not colorblind	C
<input type="checkbox"/>	Yes, customer is colorblind.	B

3. PLEASE PRINT CLEARLY

CUSTOMER NAME: _____ DATE OF EYE EXAMINATION: _____

EXAMINER NAME: _____ TELEPHONE NUMBER: _____

EXAMINER ADDRESS: _____

CITY: _____ ST/PROVINCE: _____ ZIP: _____ COUNTRY: _____

EXAMINER PROFESSIONAL STATUS BY (please check only one):

Ophthalmologist Optometrist Medical Doctor Registered Nurse Certified Physician's Assistant

EXAMINER SIGNATURE: _____ STATE/PROV. LICENSE NUMBER: _____



BODY OF KNOWLEDGE

Senior Certified Welding Inspector

All examinations for the AWS Senior Certified Welding Inspector are in open-book format. Candidates may bring to the examination site any reference materials that they feel will assist them in taking the examinations.

The SCWI examinations will consist of two open book examinations, each lasting two hours. All applicants shall successfully meet the SCWI requirements as contained in 6.2 of AWS B5.1, *Specification for the Qualification of Welding Inspectors*. Candidates must pass each exam part with a minimum of 72%.

Approximate subject weights for the two examination parts are as follows:

Welding and allied processes	5% of total questions
Heat control and metallurgy	10%
NDE fundamentals	10%
NDE applicability	1%
Destructive testing	5%
Welding procedure qualification	10%
Welding Personnel Qualification and Certification	10%
Welding Inspection and NDE Personnel Qualification and Certification	10%
Quality assurance	10%
Safety programs and procedures	5%
Project management	5%
Personnel management and training	5%

AWS-RECOMMENDED SELF-STUDY Examination Preparatory Material

AWS PUBLICATIONS

Standard for AWS Certification of Welding Inspectors
 Welding Handbook
 Welding Handbook
 Guide for the Nondestructive Testing of Welds
 Guide for the Visual Inspection of Welds
 Specification for Welding Procedure and Performance Qualification
 Standard Methods for the Mechanical Testing of Welds
 Recommended Practices for Welding Austenitic Chromium -
 Nickel Stainless Steel Piping and Tubing
 Welding Inspection Handbook 2000
 Welding Inspection Technology
 SNT-TC-1A, 2001 or 2006 Edition
 ANSI Z49.1
 ISO 9001

ORDER NUMBER

QC1:2007
 Vol. 1, 8th or 9th edition
 Vol. 4, Part 2, 8th
 B1.10:2009
 B1.11:2000
 B2.1:2005 or B2.1:2009
 B4.0:2007

 D10.4:1986
 WI:2000
 WIT-T:2008
 Available through ASNT: 800-222-2768
www.awspubs.org
www.iso.org

TO ORDER ANY OF THE ABOVE PUBLICATIONS CONTACT:

WEX (888) WELDING ♦ (305) 824-1177 or visit the website at: www.aws.org/standards