



Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

Address (cont'd) \_\_\_\_\_ Apt # \_\_\_\_\_

City and State / Province / Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_ Mobile Telephone Number \_\_\_\_\_

Date of Birth (example November 30 1952) \_\_\_\_\_ U.S. Social Security Number (last 4 only) \_\_\_\_\_

Month Day Year

E-Mail Address (confirmation notification will be sent to this address) \_\_\_\_\_

- 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.

**SCWI Retest- Parts A & B**  
 Re-examinations shall be considered as any tests taken within one year (12 months) of the original test date. Candidates may take up to two (2) re-examinations within one year of the original test date.

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).

**Visual Acuity Record** <http://www.aws.org/certification/docs/VisualAcuityRecord.pdf>  
 Eye examinations shall be performed not more than 7 months prior to the date of the welding inspector examination or recertification. Do not submit if current form is currently on file.

**Photo Requirement** <http://www.aws.org/w/a/certification/photoideqs.html>  
 Do not submit photo if a current one is already on file.

**AWS Policies and Fees**  
<http://www.aws.org/certification/policiesfees/>

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

If taking a non-AWS seminar prior to exam, please answer the following:

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

City, State \_\_\_\_\_

Seminar date \_\_\_\_\_

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

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.

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

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 \$: _____