Last Name
First Name
MI
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)
X X X X
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.

AWS Member # ____________________________

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

Name of Agency __________________________

City, State _______________________________

Seminar date _____________________________

References for the Exam
http://www.aws.org/certification/docs/SCWI_bok.pdf

*Seminar not available for this exam

1. Indicate the exam location of your choice: Confirmation will be emailed in 3-4 weeks from receipt.

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: 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 Schedule
http://www.aws.org/w/a/registrations/prices_schedules.html

Exam Fees
http://www.aws.org/certification/pricelist/

5. Method of Payment

AWS USE ONLY

Payments must accompany this application
All checks and money orders made payable to AWS

☐ Check or money order # ____________________________

☐ VISA ☐ MC ☐ AMEX ☐ Diners ☐ Discover

CC#: ________________ / ________________ / ________________ / ________________ Exp: ________________ / ________________

SIGNATURE ______________________

☐ Email receipt ☐ Mail receipt
7. American with Disabilities Act Accommodations

☐ 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).

8. CWI Qualification

Applicants for SCWI shall have been certified as a CWI for a minimum of six (6) years.

CWI Certification #

9. Qualifying Education and Experience Requirements

Check the box indicating highest level of education. Post-high school education may be substituted for equal number of required 15 years work history. Must include copy of transcripts for engineering, engineering technology, physical science or vocational education courses or degree.

<table>
<thead>
<tr>
<th>Minimum Education Level</th>
<th>Minimum Work History</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Diploma or GED</td>
<td>15 years</td>
</tr>
<tr>
<td>High school diploma plus one year engineering/technical school courses or one or more years of vocational education and training in a welding curriculum.</td>
<td>14 years</td>
</tr>
<tr>
<td>High school diploma plus two or more years engineering/technical school courses.</td>
<td>13 years</td>
</tr>
<tr>
<td>Associate or higher degree in engineering technology, engineering, or a physical science.</td>
<td>13 years</td>
</tr>
</tbody>
</table>

10. Qualifying Work Experience: Resumes not accepted. This section must be completed.

DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Type of Business</th>
<th>Company Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Company Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor’s Name</th>
<th>Title of Immediate Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor’s Email Address</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant’s Job Title</th>
<th>Employed From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Mo.) (Yr.)</td>
<td>(Mo.) (Yr.)</td>
</tr>
</tbody>
</table>

Job Responsibilities- Detailed Description Required

11. Employment Verification

- This section MUST be completed by a supervisor or personnel manager for the most recent or current employer indicated above.
- Self-employed or contract applicants 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
  - length of time as a client
- If the employer is no longer in business, include a copy of the W2 form.

Company Name: ________________________________  Company Phone: ________________________________

Company Address: ________________________________

City, State: ________________________________ Zip Code: ________________________________ Country: ________________________________

I ________________________________, verify that ________________________________ maintained employment at ________________________________ from ________________________________ to ________________________________. 

Signature: ________________________________

Supervisor/Personnel Manager’s Name: ________________________________

Employee’s Name (print): ________________________________

Date: ________________________________ Month/Day/Year.
12. Visual Acuity Record
A current Visual Acuity Record must be completed and submitted with this application. A copy of the form is available on our website http://www.aws.org/certification/docs/VisualAcuityRecord.pdf.

13. 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/photoidreqs.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.

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

14. Testimonial
(Aplicants 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