



Faxed or emailed applications are NOT accepted

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)

Month		Day		Year	

U.S. Social Security Number (last 4 only)

x	x	x	x	x

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

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- 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](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.

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/>

5. Method of Payment		<b>AWS USE ONLY</b>	
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 \$: _____	

Name: \_\_\_\_\_

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

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.

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

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

DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER

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					

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

Supervisor/Personnel Manager's Name

Employee's Name (print)

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Company Name

Date mm/yyyy

Date mm/yyyy or Present

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

Supervisor/Personnel Manager's Name

Month/Day/Year

Name: \_\_\_\_\_

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

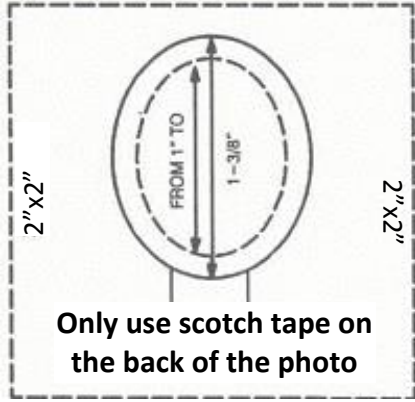
12. Visual Acuity Record

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/photoireqs.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**.*

**DO NOT STAPLE OR PAPER CLIP PHOTO**

14. 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 \_\_\_\_\_

