



**American Welding Society**

550 N.W. LeJeune Road, Miami, Florida 33126

**AWS USE ONLY**

- 1. Check# \_\_\_\_\_
- 2. Date Rec'd \_\_\_\_\_
- 3. Amount \_\_\_\_\_
- 4. Account# \_\_\_\_\_

# 9-YR CWI RENEWAL WITHOUT EXAMINATION

**CHARGE MY:** VISA, CARTE BLANCHE, AMEX  
MC, DINERS, DISC

CARD # \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

## (BOOT CAMP OFFER AT \$1445)

Please PRINT or TYPE

Site Code: \_\_\_\_\_

Site City: \_\_\_\_\_

State: \_\_\_\_\_

Last Name	First Name	Middle Initial

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List Company Name ONLY if address is Company Address

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Street	Apt #

City	State	Zip Code

Home Telephone: Area Code & Number

Work Telephone: Area Code & Number

Fax Number: Area Code & Number

Social Security Number

Date of Birth

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E-mail Address

**2. SIC CODES: Place your mark as indicated in the box below.**

**SOURCE CODE: QC1**

<p><b>Type of Business</b> (Check ONE only)</p> <p>A <input type="checkbox"/> Contract construction</p> <p>B <input type="checkbox"/> Chemicals &amp; allied products</p> <p>C <input type="checkbox"/> Petroleum &amp; coal industries</p> <p>D <input type="checkbox"/> Primary metal industries</p> <p>E <input type="checkbox"/> Fabricated metal products</p> <p>F <input type="checkbox"/> Machinery except elect. (incl. gas welding)</p> <p>G <input type="checkbox"/> Electrical equip. supplies, electrodes</p> <p>H <input type="checkbox"/> Transportation equip. - air, aerospace</p> <p>I <input type="checkbox"/> Transportation equip. - automotive</p> <p>J <input type="checkbox"/> Transportation equip. - boats, ships</p> <p>K <input type="checkbox"/> Transportation equip. - railroad</p> <p>L <input type="checkbox"/> Utilities</p> <p>M <input type="checkbox"/> Welding distributors &amp; retail trade</p> <p>N <input type="checkbox"/> Misc. repair services (incl. welding shops)</p> <p>O <input type="checkbox"/> Educational services (univ. libraries, schools)</p> <p>P <input type="checkbox"/> Engr. &amp; architectural services (incl. assns.)</p> <p>Q <input type="checkbox"/> Misc. business services (incl. commercial labs)</p> <p>R <input type="checkbox"/> Governments (federal, state, local)</p> <p>S <input type="checkbox"/> other _____</p>	<p><b>Job Classification</b> (Check ONE only)</p> <p>01 <input type="checkbox"/> President, owner, partner, officer</p> <p>02 <input type="checkbox"/> Manager, director, superintendent (or assistant)</p> <p>03 <input type="checkbox"/> Sales</p> <p>04 <input type="checkbox"/> Purchasing</p> <p>05 <input type="checkbox"/> Engineer — welding</p> <p>06 <input type="checkbox"/> Engineer — other</p> <p>07 <input type="checkbox"/> Inspector, tester</p> <p>08 <input type="checkbox"/> Supervisor, foreman</p> <p>09 <input type="checkbox"/> Welder, welding or cutting operator</p> <p>10 <input type="checkbox"/> Architect, designer</p> <p>11 <input type="checkbox"/> Consultant</p> <p>12 <input type="checkbox"/> Metallurgist</p> <p>13 <input type="checkbox"/> Research &amp; Development</p> <p>14 <input type="checkbox"/> Technician</p> <p>15 <input type="checkbox"/> Educator</p> <p>16 <input type="checkbox"/> Student</p> <p>17 <input type="checkbox"/> Librarian</p> <p>18 <input type="checkbox"/> Customer service</p> <p>19 <input type="checkbox"/> Other _____</p>	<p><b>Your Technical Interests</b> (Place a number on line in choice order — 1-2-3, etc.)</p> <p>A _____ Ferrous metals</p> <p>B _____ Aluminum</p> <p>C _____ Non-fer. except aluminum</p> <p>D _____ Advanced mat'l/intermetallics</p> <p>E _____ Ceramics</p> <p>F _____ High energy Processes</p> <p>G _____ Arc Welding</p> <p>H _____ Brazing &amp; Soldering</p> <p>I _____ Resistance Welding</p> <p>J _____ Thermal Spray</p> <p>K _____ Cutting</p> <p>L _____ NDT</p> <p>M _____ Safety &amp; Health</p> <p>N _____ Pipe &amp; Tubing</p> <p>O _____ Pressure Vessels &amp; Tanks</p> <p>P _____ Structures</p> <p>Q _____ Roll Forming</p> <p>R _____ Sheet metal</p> <p>S _____ Stamping &amp; punching</p> <p>T _____ Bending &amp; shearing</p> <p>U _____ Aerospace</p> <p>V _____ Automotive</p> <p>W _____ Machinery</p> <p>X _____ Marine</p> <p>Y _____ Other</p>
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Major product or service of your company \_\_\_\_\_

### 3. NOTARIZATION

I hereby certify that I have read the requirements contained in the QC1-96 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 certify that the information I have included on this application is true; I understand that any false statement 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.

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

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_ AD 20 \_\_\_\_\_

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_ Date \_\_\_\_\_

Enclosed is an extra \$30; order a new CWI stamp with my certification renewal. **NO CAWI Stamps available**

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

**4. QUALIFYING WORK EXPERIENCE**

**NOTE: DO NOT SUBMIT RESUMES.** Refer to your QC1 Standard for qualifying work experience requirements. If you held more than one position with the same employer, list each position, including dates, on a separate line in part B. Complete a work experience form for each employer, listing your present or most recent employer first. **MAKE AS MANY COPIES OF THIS FORM AS NEEDED.**

**A. EMPLOYER**

Company name \_\_\_\_\_ Dept./Division \_\_\_\_\_  
 Supervisor/Personnel Manager \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 PO Box/Street No. \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

B.	Job Title _____	From	Mo.	Yr.	To	Mo.	Yr.
			_____	_____		_____	_____
	_____						
	_____						

**C. To what type of product does/did your job relate (i.e., buildings, bridges, pipelines, power plants, shipping, etc.) \_\_\_\_\_**

**D. DUTIES & RESPONSIBILITIES. Check the box(es) below which describe your main duty(ies):**

- prepare welding plans and/or drawings.
- plan or control materials, procedures and operations for weldment fabrication.
- perform, supervise or monitor joint preparation for weldment fabrication.
- perform weldment fabrication and or repairs.
- perform, supervise, monitor, witness, and/or approve inspection of joint preparation.
- supervise or monitor weldment fabrication and/or repairs.
- develop welding inspection procedures.
- perform, supervise, monitor, witness and/or approve inspection of fabricated weldments.
- train welders to fabricate weldments.
- train inspectors to inspect weldments.

**E. What percentage of your time did you devote to the duty(ies) indicated above? \_\_\_\_\_ %**

**F. Fabrication Code. Circle the code(s), standard(s), and/or specification(s) which governed fabrication. Note: For company/customer specs, circle the code that served as the basis. For foreign codes, circle the American equivalent.**

AWS	D1.1 D8.8	D1.2 D9.1	D1.3 D14.2	D1.4 D14.3	D1.5 D14.5	D3.6 D14.6	D5.2 D15.1
API	620	650	5L	1104			
ASME	B31.1 Sec. I	B31.2 Sec. III	B31.3 Sec. IV	B31.4 Sec. VIII	Sec. IX		
AASHTO:	AAR	ABS RULES ASTM A671		AWWA D100		UBC 27.6	
MIL-STD	1689	278	W 18326	W 8604	W 2219		
MIL-STD COVERING:		AIRCRAFT FRAMES	VEHICLES	WEAPONRY	MIL/NASA	AEROSPACE	NAVSHIPS
OTHER	_____						

## 6. EMPLOYMENT VERIFICATION

**EMPLOYMENT VERIFICATION** -To be completed by your supervisor or personnel manager of you **MOST RECENT EMPLOYMENT**.

**IMPORTANT!** Your application cannot be processed without completion of this form. Mail this form with your application, do not send separately.

**IF SELF EMPLOYED.** Do not use this form if self-employed. Instead, provide **two** reference letters from two separate clients. Be certain the letters are notarized before submitting them with this application.

Company name \_\_\_\_\_ Dept./Division \_\_\_\_\_

P. O. Box/Street No: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Tel. No.: \_\_\_\_\_

I verify that \_\_\_\_\_ whose social security number  
is \_\_\_\_\_, is/was employed by this company and does/did carry out the described principal duties during the employment period(s) indicated on this application.

My name is \_\_\_\_\_ My job title is \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_

**NOTE: Processing your application will be DELAYED if you:**

1. Omitted any required information or documentation regarding your work experience and education.
2. Neglected to have your signature notarized.
3. Neglected to have your most recent employment verified.
1. Are not an AWS member and did not enclose payment, company purchase order, or authorize AWS to charge your credit card.