



Faxed or emailed applications are NOT accepted

Last Name First Name MI
[Grid of boxes for name entry]

1. Complete the Following:
YOUR AWS MEMBER #
Company Membership not applicable
YOUR CWI CERTIFICATION #
REQUIRED

Exam Options (choose one) Complete Sections 3 through 7 and 9 through 11
2a. CWI Part B- Practical
Exam Only
Exam & Visual Inspection Workshop
2b. Endorsement- achieved in 9th year of certification
AWS D1.1/D1.1M Structural Steel API-1104 Pipelines
AWS D1.2/D1.2M Structural Aluminum AWS D1.5M/D1.5 Bridge
AWS D15.1 Railroad AWS D17.1 Aerospace
ASME Section IX, B31.1 and B31.3 ASME Section VIII, Div. 1 and Section IX
Structural Drawing Reading
Individual Code Clinics
D1.1 code clinic workshop (code book not supplied)
API-1104 code clinic workshop (code book not supplied)

Non-Exam Options (choose one):
2c. 80 Professional Development Hours (PDHs)
Complete sections 3, 5, 6 and 8 through 12
2d. Endorsement
Endorsement achieved prior to 9th year of certification along with a copy of the certificate Complete sections 3, 5, 6 and 8 through 11
CRI Certification
Initial Certified Radiographic Interpreter certification achieved prior to 9th year of CWI Certification. Must provide a copy of the certificate.
Complete sections 3, 5, 6 and 8 through 11.
2e. 9-year Recertification Course Complete sections 3 -6 and 8 - 11.

3. Method of Payment
Payment must accompany your application.
Check or money order #
VISA MC AMEX Diners Discover
CC#:
EXP DATE:
SIGNATURE
AWS USE ONLY
Date: Acct #:
Amt \$:

For code book editions and other exam information
http://www.aws.org/library/doclib/BodyOfKnowledge.pdf

Important Note: AWS QC1 defines endorsements as "Indication of an additional skill documented in writing and added to one's certification credential(s)". In fulfilling the 9-year recertification requirement, endorsements cannot be taken to the codebook to which your CWI certification was attained.

Fees http://www.aws.org/library/doclib/pricelist.pdf

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

4. Indicate the exam location of your choice: Confirmation will be emailed in 3-4 weeks from receipt.
1st Site Code Date City/State *Submission Deadline
2nd Site Code Date City/State *Submission Deadline
3rd Site Code 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.

Name: _____

AWS Member # _____

5. Complete the following:

Address

Grid for address input

Address (cont'd)

Apt #

Grid for address and apartment number input

City and State / Province / Country

Zip Code

Grid for city and zip code input

Home Telephone Number

Work Telephone Number

Mobile Telephone Number

Grid for home telephone number input

Grid for work telephone number input

Grid for mobile telephone number input

Date of Birth (example November 30 1952)

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

Grid for date of birth input

Grid for social security number input

Month

Day

Year

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

Grid for email address input

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.

6. 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

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/library/doclib/ADA-disability-accomodations.pdf>.

8. Qualifying Work Experience – Resumes not accepted.

_____ I attest to having no period of continuous inactivity greater than two years during the previous three years of certification.
(Initial)

I understand that work experience documented on this application will be verified with both past and present employers.

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					

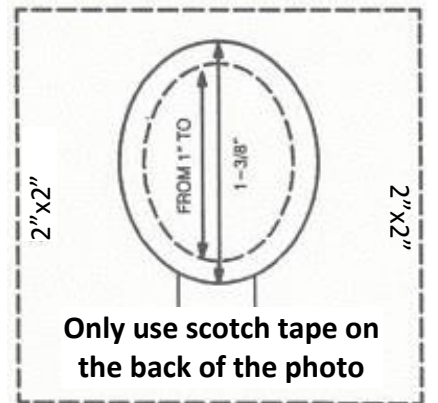
9. Visual Acuity Record

A current Visual Acuity Record must be completed and submitted with this application. To download a copy of the form, please visit our website <http://www.aws.org/library/doclib/VisualAcuityRecord.pdf>.

10. 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/library/doclib/PhotoIDRequirements.pdf>. 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.



DO NOT STAPLE OR PAPER CLIP PHOTO

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

Name: _____

AWS Member # _____

11. 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 _____

NOTARY STAMP AND/OR SEAL IS REQUIRED

Name: _____

AWS Member # _____

12. Continuing Education and/or Teaching Credit

(Complete this section only if submitting 80 Personal Development Hours. Duplicate this page as necessary.)

- A minimum of eighty (80) PDHs must be earned during the nine year certification period and twenty (20) of those 80 PDHs must be earned in the final three-year period.
- A PDH is no less than 50 minutes of personal interaction between a learner and instructor. Interaction implies two-way communication in order for the learner to receive feedback.
- A maximum of eighty (80) PDHs are allowed for any one course.
- PDHs claimed must be accompanied by a course description and certificate of completion indicating the number of contact hours.

Example:

<u>PDH</u> 40	<u>Institution or provider name and contact information:</u> Sample Institution 1234 Street Anywhere, US 54321 Phone: 999-555-1212	<u>Title of course or seminar:</u> Welding Technology 101
	DATE OF COMPLETION:	January 2, 2099

<u>PDH</u>	<u>Institution or provider name and contact information:</u>	<u>Title of course or seminar:</u>
	DATE OF COMPLETION:	

<u>PDH</u>	<u>Institution or provider name and contact information:</u>	<u>Title of course or seminar:</u>
	DATE OF COMPLETION:	

<u>PDH</u>	<u>Institution or provider name and contact information:</u>	<u>Title of course or seminar:</u>
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<u>PDH</u>	<u>Institution or provider name and contact information:</u>	<u>Title of course or seminar:</u>
	DATE OF COMPLETION:	