



American Welding Society

8669 NW 36 St, # 130 Miami, FL 33166-6672
(800) 443-9353 or (305) 443-9353, ext. 273

CHANGE OF SITE/CANCELLATION FORM

Personal Information			Name must match your current government issued ID or Passport		
Last Name		First Name		Middle Initial	
Date of Birth mm/dd/yy			Member/Account#		

Please choose **ONLY ONE** (1) of the following options:

My current registration:

Site Code _____ Exam Date _____ City/State _____ Submission Deadline _____

- I would like to CANCEL my current exam registration
- I would like to RESCHEDULE my current seminar/exam* or exam only registration for a later date:

Site Code _____ Exam Date _____ City/State _____ Submission Deadline _____

- I would like to MODIFY my current seminar/exam* registration for a 2-Week online seminar/exam**:

Online Seminar Date _____

Site Code _____ Exam Date _____ City/State _____ Submission Deadline _____

AWS Seminar/Exam Schedule can be viewed on our website: www.aws.org/certification/seminarexam/

*Seminar and exam packages cannot be separated

** New exam eligibility codes will be issued. Candidate is responsible for any fees due to the cancellation of their scheduled test with Prometric. A deposit amount of \$1500 (refundable) will be charged. Candidate must choose an exam site from the list of designated sites for the chosen online seminar session:

<https://awo.aws.org/online-courses/2-week-online-cwi-seminar/>

By signing below, I understand and agree to the following:

- I am submitting a written request to reschedule or cancel my current registration for seminar and/or exam
 - This form **DOES NOT** guarantee acceptance for the new requested seminar and/or exam date(s)
- I have read and will comply with the AWS [Policies and Fees](https://www.aws.org/library/doclib/refundPolicy.pdf) (<https://www.aws.org/library/doclib/refundPolicy.pdf>)
- I understand that I forfeit all fees if this form has not been received in accordance with the AWS *Policies and Fees*

NO EXCEPTIONS

- I have provided my payment information below for any applicable fees in order to fulfill my request

(Signature)

(Date)

Please email this form to certification@aws.org

Method of Payment – Payment must accompany this application	AWS USE ONLY
All checks and money orders made payable to AWS	Acct: _____ Date: _____ Signature: _____
<input type="checkbox"/> Check or money order #: _____	
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	
CC#: _____ Exp: _____	
Signature: _____ CVV: _____	