



American Welding Society

550 NW LeJeune Rd Miami, FL 33126
(800) 443-9353 or (305) 443-9353, ext. 273
FAXED APPLICATIONS ARE NOT ACCEPTED

WELDING INSPECTOR EXAM APPLICATION

LAST NAME										FIRST NAME										MI

DATE OF BIRTH MM/DD/YY				U.S. SOCIAL SECURITY NUMBER				INTERNATIONAL CANDIDATE PASSPORT NUMBER			

1. PLEASE INDICATE THE EXAM LOCATION OF YOUR CHOICE:

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: AWS strongly recommends the applicant selects a second and third site location alternative. If the first choice is not available, the next location will be selected. *The application submission deadline is six weeks prior to the scheduled exam date. Applicants who do not meet this criteria must contact the Certification Department for Fast Track processing procedure and an additional fee will apply.

2. PLEASE CHECK AND COMPLETE THE FOLLOWING:

CAWI (only)
 CWI (only)
 CWE (only)
 CWI and CWE combo
 SCWI (only)

ARE YOU OR HAVE YOU EVER BEEN AN AWS MEMBER? No YES
 If yes, please provide AWS Member # _____

HAVE YOU OBTAINED AN AWS CERTIFICATION? No YES
 If so, Certification #: _____

Are you employed by an AWS SENSE program participating organization? No YES
 If yes, the Facility name: _____

3. PLEASE SELECT ONE OF THE FOLLOWING FOR YOUR CODE APPLICATION TEST SUBJECT:

AWS D1.1 – Structural Steel: 2002, 2004, or 2006 editions permissible
 API-1104 – Pipelines 20th edition
 AWS D15.1 – Railroad: 1993 edition
 AWS D1.5 – Bridges: 2002 edition
 ASME Section IX, B31.1, and B31.3
 AWS B2.1 and B4.0: 2004 editions * SCWI APPLICANTS ONLY *
 OPEN BOOK FORMAT

4. PLEASE INDICATE THE FOLLOWING AWS SEMINAR OF YOUR CHOICE:

(only for CAWI, CWI and CWE applicants)

PLATINUM PAK (two code clinics)

- D1.1 Code Clinic (Sun, 1pm – 5pm & Mon, 8am – 12 noon)
- API-1104 Code Clinic (Mon, 1pm – 5pm)
Code book NOT supplied: applicants must furnish a 20th edition
- Welding Inspection Tech Course (Tues – Thurs, 8am – 5pm)
- Visual Inspection Workshop (Fri, 8am – 5pm)
- Certification Exam (Sat, 8am – 5pm)

GOLD PAK (one code clinic)

- API-1104 Code Clinic (Mon, 1pm – 5pm)
Code book NOT supplied: applicants must furnish a 20th edition
- Welding Inspection Tech Course (Tues – Thurs, 8am – 5pm)
- Visual Inspection Workshop (Fri, 8am – 5pm)
- Certification Exam (Sat, 8am – 5pm)

SILVER PAK (No Code Clinic)

- Welding Inspection Tech Course (Tues – Thurs, 8am – 5pm)
- Visual Inspection Workshop (Fri, 8am – 5pm)
- Certification Exam (Sat, 8am – 5pm)

FOR INDIVIDUAL SEMINAR WORKSHOPS:

D1.1 code clinic workshop (code book not supplied)
 API-1104 Code clinic workshop (code book not supplied)
 Welding Inspection workshop
 Visual inspection workshop
 NONE / EXAMINATION ONLY

5. METHOD OF PAYMENT

Bill Me / PO (Staple PO to front page of application)
 Check or money order # _____
 VISA MC AMEX Diners Discover

CC#: _____ / _____ / _____ Exp: _____ / _____

SIGNATURE _____

AWS USE ONLY

Date: _____ Acct #: _____

Amt\$: _____ PAID / OWE

QCA/CWE/QCH/QC-COMBO

LAST NAME:	FIRST NAME:
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8. EDUCATION LEVEL: *(only CWI, CAWI and CWE applicants are to complete the following section)*

PLEASE CHECK THE APPROPRIATE BOX BELOW :	
<input type="checkbox"/> High school graduate or achieved GED certificate. CWI and CWE applicants must document five years and CAWI applicants must document two years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>	
<input type="checkbox"/> Did not graduate high school, but completed the 8 th grade. CWI and CWE applicants must document nine years and CAWI applicants must document four years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>	
<input type="checkbox"/> Did not complete the 8 th grade. and CWE applicants must document twelve years and CAWI applicants must document six years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>	CWI

Note: Applicants applying for the CWE examination must be a high school graduate or achieved a GED certificate along with the five years of work experience. You shall also complete the CWE Welding Instructor Credentials Form that is attached to this application or submit a written verification letter signed by your teaching supervisor / personnel manager. For further information regarding the CWE program, please refer to the QC5-91.

A maximum of two (2) years of post-high school education may be substituted for an equal number of years of the required five years of work experience relevant to any of the functions described in the AWS B5.1 and the AWS QC5-91 section 5.2 CWE.		
<input type="checkbox"/> VoTech credits - MUST attach transcripts of welding related courses or diploma	Circle no. of years attended 0 1 2 3 4	Maximum one (1) year work substitution credit <i>only</i> if courses <i>completed</i> and <i>within</i> a curriculum related to welding.
<input type="checkbox"/> College credits - MUST attach transcripts of engineering-level courses or diploma	Circle no. of years attended 0 1 2 3 4	Maximum two (2) years work substitution credit <i>only</i> if the degree is in engineering technology, engineering, or physical science

SCWI APPLICANTS ONLY

PLEASE BE SURE TO MEET THE FOLLOWING REQUIREMENTS:	
<input type="checkbox"/> High school graduate or hold a state or military approved high school equivalency diploma. <i>(Please refer to the AWS B5.1)</i>	
<input type="checkbox"/> Minimum of fifteen (15) years experience in an occupational function that has a direct relationship to welded assemblies fabricated to national or international standards. <i>(Please refer to the AWS B5.5)</i>	
<input type="checkbox"/> Shall have been certified as a CWI for a minimum of six (6) years.	

9. QUALIFYING WORK EXPERIENCE – RESUMES NOT ACCEPTED

**** NOTE: PLEASE DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE QUALIFYING WORK EXPERIENCE REQUIREMENTS FOR CWI/CAWI/CWE/SCWI ELIGIBILITY.**

(Initials) I understand that all work experience documented on this application may be verified with both past and present employers.

Company Name: _____ Phone: () _____

Mailing Address: _____

City: _____ ST/Prov.: _____ Zip: _____ Country: _____

Supervisor / Personnel Manager: _____ Dept/Div.: _____

Supervisor / Personnel Manager's E-mail: _____

JOB TITLE: <i>(only for the employer listed above)</i>	FROM MONTH/YEAR	TO MONTH/YEAR

LAST NAME: _____	FIRST NAME: _____
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10. EMPLOYMENT VERIFICATION: *(this section to be completed by a supervisor or personnel manager from the most recent employer)*

**** NOTE: SELF-EMPLOYED OR CONTRACT APPLICANTS MUST SUBSTITUTE THIS SECTION WITH TWO LETTERS OF REFERENCE ON COMPANY LETTERHEAD FROM SEPARATE CLIENTS ATTESTING TO THE NATURE OF WORK ASSIGNMENTS DURING THE PERIOD OF PERFORMANCE. IF THE EMPLOYEE IS NO LONGER IN BUSINESS, PLEASE INCLUDE A COPY OF THE W2 FORM.**

Employee's Last Name: _____ First Name: _____ MI: _____

Employer Name: _____ Phone: () _____

Employer Address: _____

City: _____ ST/Prov.: _____ Zip: _____ Country: _____

Supervisor / Personnel Manager: _____ Dept/Div: _____

Supervisor / Personnel Manager's Email: _____

You verify that _____ is or was an employee at your company and conducts the duties during the employment periods stated in this application? No YES

Name: _____ Title: _____

Signature: _____ Date: _____

11. TESTIMONIAL: *(this section must be notarized)*

I hereby certify I have read the requirements contained in AWS QC1, *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 the information I have included in this application is true. I understand any false statements will nullify this application. I further understand that if any information is incomplete or missing, my application will not be processed until all documentation (except the Visual Acuity Record) is complete. Therefore, the examination will not be scheduled until all obligations are fulfilled. I agree to comply with the provisions set forth in AWS QC1 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. Also, if applying for or when achieving a CAWI certification, I am aware that the CAWI certification is only valid for three years and is not eligible for renewal.

Applicant's Signature _____ Date: _____

<u>THE FOLLOWING IS TO BE COMPLETED BY THE NOTARY PUBLIC</u>	
Sworn to and subscribed before me this _____ day of _____ 200__.	
My commission expires _____	Notary Public Signature _____ <i>(seal and/or stamp is REQUIRED)</i>