



*For your convenience, please use our [Certification Application Portal](#).  
Effective November 15<sup>th</sup>, 2019, this application will be charged an additional \$125.00 if sent  
to AWS by email or paper.*

**1. Personal Information** Name must match your current government issued ID or Passport

Last Name	First Name	Middle Initial
Street Address		City, State, Zip Code
Home Telephone	Work Telephone	Mobile Telephone
Email	Date of Birth MM/DD/YY	Last Four Digits of SS#

**2. Check and Complete the Following:**

Are you an AWS Member? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, Member #: _____  CWI Certification # _____ SCWI shall have been certified as a CWI for a minimum of six (6) years of the previous eight (8) years	<input type="checkbox"/> Check here if taking any non-AWS seminar prior to the exam. Name of Training Provider _____  Location _____  Date _____
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**NOTE**

**This exam will be offered all over the US in convenient locations using computer based testing with our partners at Prometric. After your application has been submitted and approved, you will be provided with an Authorization to Test (ATT) Letter in order to schedule your appointment through Prometric at one of their centers.**

**3. Method of Payment - All checks and money orders should be made payable to AWS.** **AWS USE ONLY**

<u>Payment must accompany your application</u>  <input type="checkbox"/> Check or money order # _____  <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover      CVV: _____  CC#: _____ / _____ / _____ / _____      Exp: _____ / _____  SIGNATURE: _____  <a href="http://bit.ly/1QseRd2">Click here</a> for current fees or visit <a href="http://bit.ly/1QseRd2">http://bit.ly/1QseRd2</a>	Acct #: _____  Date: _____  AMT\$: _____ CWS R
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Name: \_\_\_\_\_

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

**4. 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 [here](#).  
 Will you be using a glucose meter during your exam? Yes  No

**5. Visual Acuity Form**

A current [Visual Acuity Form](#) must be completed and submitted with this application.

**6. 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.	12 years
<input type="checkbox"/> Bachelor or higher degree in welding engineering or welding technology	11 years

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

<b>Company Name</b>		<b>Type of Business</b>		<b>Company Phone Number</b>	
<b>Company Street Address</b>				<b>City, State, Zip Code</b>	
<b>Supervisor's Name</b>			<b>Title of Immediate Supervisor</b>		
<b>Supervisor's Email Address</b>				<b>Department</b>	
<b>Applicant's Job Title</b>			<b>Employed From:</b>		<b>To:</b>
			(Mo.)	(Yr.)	(Mo.)
<b>Job Responsibilities- Detailed Description Required</b>					

DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER

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

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

### 8. 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: \_\_\_\_\_

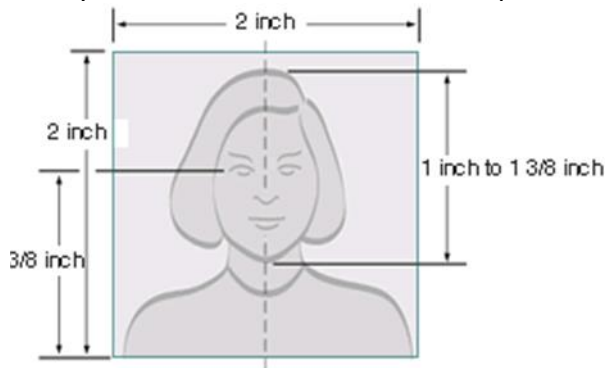
I \_\_\_\_\_, verify that \_\_\_\_\_ maintained employment at  
Supervisor/Personnel Manager's Name Employee's Name (print)  
 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Company Name Date mm/yyyy Date mm/yyyy or Present

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor/Personnel Manager's Name Month/Day/Year

### 9. 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](#). 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**.*

**Only use scotch tape on the back of the photo**

### 10. Proof of Identity

Please attach a color copy of your current Government issued ID to this application, such as a driver's license or passport.

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**11. Terms and Conditions** - Please check, date, and sign below.**PROGRAM AND REGISTRATION TERMS, POLICIES, AND FEES**

I hereby certify that I have read the program requirements contained in the following program document:

- [QC1 Standard for the AWS Certification of Welding Inspectors](#)
- [B5.1 Specification for the Qualification of Welding Inspectors](#)

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. I further understand that any required information that is incomplete or missing will cancel this registration.

**EXAMINATION POLICIES AND RULES**

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, during, or after the exam as stated on the [Candidate Attestation Agreement](#) (Please click and read this link prior to accepting the Terms and Conditions. You will be required to sign this form on exam day). I understand that a violation of this oath may be grounds for invalidation of my certification and may be grounds for expulsion from any future testing.

**COVID-19/COMMUNICABLE DISEASE LIABILITY POLICIES AND WAIVER**

Furthermore, I certify that I have read and understand the [COVID-19/Communicable Disease Liability Waiver requirements](#). I certify that I understand that I will be asked to sign this waiver at the start of any AWS seminar, class, exam, or other AWS event. I further understand that failing to agree to the pronouncements in the waiver will disqualify me from participating in the event, and I will be barred from entering the event room or participating the event. I further understand that being barred for failing to agree to the pronouncements will result in forfeiture of all registration fees. I understand that I will also be barred from the event if I do not attest to both of the COVID-19 statements related to recent symptoms and exposure risks.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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