



# American Welding Society

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

## CERTIFIED WELDING INSPECTOR EXAM APPLICATION

LAST NAME										FIRST NAME										MI	

I am applying for:  CAWI Only  CWI Only

1. PLEASE INDICATE THE EXAM LOCATION OF YOUR CHOICE:  
**PLEASE ALLOW 3-4 WEEKS TO RECEIVE A CONFIRMATION LETTER TO THE EMAIL ADDRESS IN SECTION 6. OTHERWISE, IT WILL BE MAILED.**

1<sup>st</sup> Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ \*Submission Deadline: \_\_\_\_\_  
 2<sup>nd</sup> Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ \*Submission Deadline: \_\_\_\_\_  
 3<sup>rd</sup> Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ \*Submission Deadline: \_\_\_\_\_

**NOTE:** AWS strongly recommends the applicant indicate an alternate second and third site location. If the first choice is not available, registration will indicate the next available choice site. Please **do not** make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department via email.

2. PLEASE CHECK AND COMPLETE THE FOLLOWING:

Your AWS Member # (if applicable): \_\_\_\_\_

Check here if taking a non-AWS seminar prior to the exam.  
Name of Agency: \_\_\_\_\_  
City, State: \_\_\_\_\_ Date: \_\_\_\_\_

4. PLEASE INDICATE THE FOLLOWING AWS SEMINAR OF YOUR CHOICE OR CHOOSE "EXAMINATION ONLY" BELOW:

**D1.1 SEMINAR WEEK PAK** (code book included)  
 1. D1.1 Code Clinic (Sun, 1 PM – 5 PM & Mon, 8 AM - 12 Noon)  
 2. Welding Inspection Technology Workshop (Tues – Thurs, 8 AM – 5 PM)  
 3. Visual Inspection Workshop (Fri, 8 AM – 5 PM)  
 4. Certification Exam (Sat, 8 AM – 5 PM)  
 Member Price: **\$2080** Non-Member Price: **\$2295**

**API 1104 SEMINAR WEEK PAK** (code book not provided)  
 1. API 1104 Code Clinic (Mon. 1 PM – 5 PM)  
 2. Welding Inspection Technology Workshop (Tues – Thurs, 8 AM – 5 PM)  
 3. Visual Inspection Workshop (Fri, 8 AM – 5 PM)  
 4. Certification Exam (Sat, 8 AM – 5 PM)  
 Member Price: **\$1855** Non-Member Price: **\$2070**

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

AWS D1.1 – Structural Steel Code

API-1104 – Pipelines 20<sup>th</sup> edition

AWS D1.2 – Structural Aluminum Code \*Code Clinic not available.

AWS D1.5 – Bridge Welding Code \*Code Clinic not available.

AWS D15.1 – Railroad \*Code Clinic not available.

ASME Sections VIII (Div 1) & IX \*Code Clinic not available.

ASME Section IX, B31.1 and B31.3 \*Code Clinic not available.

**FOR INDIVIDUAL CODE CLINICS/WORKSHOPS:**

D1.1 Code Clinic (code book not supplied): **Member \$375/Non-Member \$590**

API-1104 Code Clinic (code book not supplied): **Member \$335/Non-Member \$550**

Welding Inspection Technology Workshop: **Member \$440/Non-Member \$655**

Visual Inspection Workshop: **Member \$515/Non-Member \$730**

\*For code book editions and other exam information please visit our website [www.aws.org/certification/endorsebok](http://www.aws.org/certification/endorsebok)

**EXAMINATION ONLY** (MUST PROVIDE OWN CODE BOOK)  
Member Price: **\$825** Non-Member Price: **\$1040**

5. METHOD OF PAYMENT- ALL CHECKS AND MONEY ORDERS SHOULD BE MADE PAYABLE TO AWS.		<b>AWS USE ONLY</b>	
<b><u>PAYMENT MUST ACCOMPANY YOUR APPLICATION</u></b>			
<input type="checkbox"/> Check or money order # _____ <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Diners <input type="checkbox"/> Discover CC#: _____ / _____ / _____ / _____ Exp: _____ / _____ SIGNATURE _____		Acct #: _____ Date: _____ Amt \$: _____ QCA/SEM-EXAM	



LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

8. EDUCATION LEVEL: PLEASE CHECK THE APPROPRIATE BOX BELOW

<input type="checkbox"/> <b>High school graduate or achieved GED certificate.</b> CWI applicants must document five (5) years and CAWI applicants must document two (2) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/> <b>Did not graduate high school, but completed the 8<sup>th</sup> grade.</b> CWI applicants must document nine (9) years and CAWI applicants must document four (4) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/> <b>Did not complete the 8<sup>th</sup> grade.</b> CWI applicants must document twelve (12) years and CAWI applicants must document six (6) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>

9. ADDITIONAL EDUCATION AND EXPERIENCE:

<input type="checkbox"/> VoTech credits - <b>MUST</b> attach transcripts of welding related courses or diploma	Circle no. of years attended 0 1 2 3 4	<b>Maximum one (1) year</b> 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 - <b>MUST</b> attach transcripts of engineering-level courses or diploma	Circle no. of years attended 0 1 2 3 4	<b>Maximum two (2) years</b> work substitution credit <i>only</i> if the degree is in engineering technology, engineering, or physical science

10. QUALIFYING WORK EXPERIENCE: RESUMES NOT ACCEPTED. THIS SECTION **MUST** BE COMPLETED.

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

\_\_\_\_\_  
*(Initials)* I understand that all work experience documented on this application will be verified by AWS prior to exam confirmation.

<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.) (Yr.)	
<b>Job Responsibilities- Detailed Description Required*</b>					

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<b>Applicant's Job Title</b>		<b>Employed From:</b>		<b>To:</b>	
		(Mo.) (Yr.)		(Mo.) (Yr.)	
<b>Job Responsibilities- Detailed Description Required*</b>					

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

**11. EMPLOYMENT VERIFICATION**

THIS SECTION **MUST** BE COMPLETED BY A SUPERVISOR OR PERSONNEL MANAGER FROM THE MOST RECENT EMPLOYER. IF CURRENTLY SELF-EMPLOYED OR A CONTRACT APPLICANT YOU 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 AND LENGTH OF TIME AS A CLIENT.

IF THE EMPLOYER IS NO LONGER IN BUSINESS, PLEASE 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/dd/yyyy

Date mm/dd/yyyy or Present

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

Supervisor/Personnel Manager's Name

Month/Day/Year

**12. TESTIMONIAL: (this section **MUST** be completed or application will be rejected)**

(Applicants must read and sign the following statement in front of a notary)

I hereby certify that I have read the standard 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 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.

**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 \_\_\_\_\_ of year \_\_\_\_\_.

My commission expires \_\_\_\_\_ Notary Public Signature \_\_\_\_\_ (seal and/or stamp is REQUIRED)



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# VISUAL ACUITY RECORD

LAST NAME : \_\_\_\_\_ Certification # (if applicable) : \_\_\_\_\_

FIRST NAME : \_\_\_\_\_ MEMBER # (if applicable) : \_\_\_\_\_

If scheduled to take an AWS certification exam, site location: \_\_\_\_\_ Date \_\_\_\_\_

### TO APPLICANTS:

This form must be submitted for all Welding Inspector and Radiographic Interpreter applications. Applicants for the Certified Welding Educator only are not required to complete this form.

Before submitting this form with your application to AWS, be sure to keep a copy for your records. If you're unable to supply a completed Visual Acuity Record with your application prior to submission deadline, you may forward this form to the Certification Department separately. Exam applicants may submit completed Visual Acuity Records on exam day. AWS will not release exam results and/or certification renewal without a completed Visual Acuity Record on file.

You must use the services of an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician's Assistant to administer your required eye examination. The examination must occur within the seven months prior to the scheduled date of the applicant's examination and/or certification expiration date.

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12 in. or greater ( $\geq 30.5$  cm). All applicants shall take a color perception test. Eye examination results must be documented on this visual acuity form supplied by the AWS Certification Department. No other forms will be accepted.

AWS will not accept visual acuity test results that are incomplete or do not comply with regulations.

## THE FOLLOWING THREE SECTIONS ARE TO BE COMPLETED BY THE EYE EXAMINER

1. Please verify the customer's close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater ( $\geq 30.5$ cm): (please check one of the following)		AWS use only
<input type="checkbox"/>	Both eyes require corrected vision to J2	W
<input type="checkbox"/>	Only one eye needs corrected vision to J2	W
<input type="checkbox"/>	No correction is required.	O

2. Through a color perception examination, is the applicant colorblind? (please check one of the following)		AWS use only
<input type="checkbox"/>	No, customer is not colorblind	C
<input type="checkbox"/>	Yes, customer is colorblind.	B

### 3. PLEASE PRINT CLEARLY

CUSTOMER NAME: \_\_\_\_\_ DATE OF EYE EXAMINATION: \_\_\_\_\_

EXAMINER NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

EXAMINER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST/PROVINCE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

EXAMINER PROFESSIONAL STATUS BY (please check only one):

Ophthalmologist     Optometrist     Medical Doctor     Registered Nurse     Certified Physician's Assistant

EXAMINER SIGNATURE: \_\_\_\_\_ STATE/PROV. LICENSE NUMBER: \_\_\_\_\_



## **AWS POLICIES AND FEES**

### **IMPORTANT NOTICE!!**

#### **“NO SHOW” PENALTY**

If a candidate fails to cancel or reschedule, all fees will be forfeited. A [Change of Site/Cancellation](#) form must be received via email or fax within two (2) weeks of your confirmed seminar/exam or exam start date. The candidate must call the Certification Department to confirm receipt (800)443-9353 ext 273.

#### **SEMINAR AND/OR EXAM CANCELLATION**

The Certification Department must receive a [Change of Site/Cancellation](#) form via email or fax within two weeks of the confirmed seminar/exam or exam start date. A refund will be issued minus the cancellation fee. The fees are as follows:

<b>Seminar Only</b>	<b>- \$550</b>
<b>Exam Only</b>	<b>- \$140</b>
<b>Seminar and Exam</b>	<b>- \$690</b>

#### **PROCESSING FEE**

A processing fee is included with all certification exam prices. If a candidate does not qualify to sit for the AWS certification exam, a refund will be issued less the **\$75 processing fee**.

#### **FAST TRACK**

The Application Submission Deadline is six (6) weeks prior to the scheduled seminar/exam or exam date. Please refer to the seminar/exam schedule to confirm the submission deadline date. If an application is received after the six week deadline and no less than two (2) weeks prior to the seminar/exam or exam start date, AWS will process the application for the requested test site if space is available. A **\$250 Fast Track Fee** will be assessed for this service. Please do not make travel or hotel arrangements prior to receiving a confirmation letter for the seminar/exam or exam.

#### **SEMINAR/EXAM OR EXAM RESCHEDULING**

The Certification Department must receive a [Change of Site/Cancellation](#) form via email or fax within 2 weeks of the confirmed seminar/exam or exam date. If not received, the “No Show” penalty will apply. Only two (2) rescheduling requests are permitted per calendar year. An additional rescheduling fee will be charged and must be paid in full prior to your rescheduling request being processed. The rescheduling fees are as follows:

<b>Seminar Only</b>	<b>- \$350</b>
<b>Exam Only</b>	<b>- \$140</b>
<b>Seminar and Exam</b>	<b>- \$490</b>

#### **RESCHEDULE/CANCELLATION REQUESTS**

Reschedule/Cancellation requests **WILL NOT** be accepted the week of your scheduled seminar/exam or exam date. No transfers or cancellations will be accepted after the above transfer deadline. Failure to show up ("No Shows") for your scheduled seminar/exam or exam will result in forfeiture of the fees.

ALL FEES ARE NONTRANSFERABLE. FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE. AWS RESERVES THE RIGHT TO CANCEL ANY SEMINAR AND/OR EXAM IF THERE ARE AN INSUFFICIENT NUMBER OF PARTICIPANTS. IN THE EVENT OF CANCELLATION BY AWS, ALL SEMINAR/EXAM FEES WILL BE REFUNDED IN FULL, OR THE PARTICIPANT MAY TRANSFER TO THE NEXT AVAILABLE SEMINAR AND/EXAM OR EXAM. IN EITHER CASE, AWS SHALL HAVE NO FURTHER LIABILITY.

In accordance with the **Americans with Disabilities Act** (ADA), AWS strives to accommodate all participants with special needs. If you require assistance, please inform the AWS Certification Department, (800) 443-9353, ext. 273, well in advance of the date of the exam.

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 This form must be signed by the applicant and returned with your completed application in order to receive confirmation for the seminar/exam. Please retain a copy for your records.

\_\_\_\_\_  
 Applicant's Name (print)

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date