CWI/CWE Re-Exam Information

The CWI/CWE Re-Exam Application is to be used only by those individuals who have taken the AWS CWI/CWE examination, and whose score(s) did not qualify them for CWI and/or CWE certification.

If you are taking the re-exam for CWI certification and the average of the three parts of your INITIAL exam was less than 72%, you are required to retest all three parts. If your average was ≥72% on your INITIAL exam, you may retest only the parts on which you failed to achieve the CWI passing grade. Your first retest must occur WITHIN one (1) year following the date of your INITIAL exam; otherwise, you must provide evidence of 40 hours of additional training before being allowed to retest. If a second or third retest is required, you must provide evidence of 40 hours of additional training before being allowed to retest in each case. A maximum of three (3) retests are permitted in the three-year period from your initial exam date. If you took the CWI Part B exam or an endorsement exam for 9-Year Recertification and failed the 72% minimum, you are permitted to retest only the same exam under the rules noted in the previous paragraph.

If this re-exam is for CWE certification only, you are required to retest only on the part [Part A or Part B] you failed to successfully pass at the CWE level (≥60%). Furthermore, no VISUAL ACUITY RECORD (VAR) is required for CWE retests.

VISUAL ACUITY RECORD (VAR):
The VAR that is currently in your certification file cannot be dated more than (7) months prior to the date of your re-exam. If it exceeds (7) months, you will be required to provide a new Visual Acuity Record. A new or current copy of the VAR must accompany your retest application; otherwise, your application will not be processed.

RE-EXAM FEES:
All checks and money orders are made payable to AWS. Payment must accompany your application. No certification re-exam registration will be processed until payment has been fully satisfied.

PLEASE BE SURE TO VERIFY OR INCLUDE THE FOLLOWING BEFORE SUBMITTING YOUR APPLICATION TO AWS:
- Complete the application (the address indicated on the application is where your documents will be mailed).
- Include a new Visual Acuity Record (VAR) if you are retesting for CWI certification and the one on file is dated more than seven (7) months from the re-exam date.
- Include full payment with the application.

Applicants who have been accepted for the exam will receive a confirmation package via email. If an email address is not provided, your package will be mailed. We strongly urge applicants to allow ample processing time so that we may serve your certification needs efficiently and accurately. Please do not make hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department. FAXED OR EMAILED APPLICATIONS ARE NOT ACCEPTED

If there are any questions or concerns regarding the CWI/CWE Re-Exam process, please feel free to contact the AWS Certification Department at: 1-800-443-9353, ext. 273. Our Certification Coordinators are available to assist you Monday through Friday from 8:00 am to 5:00 pm.
### CWI ONLY OR CWI/CWE COMBO
#### RE-EXAM APPLICATION

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

By signing below, I verify I have read and met the standard requirements for re-examination. I agree to comply with the provisions set forth in the Standard concerning the administration of my examination and certification. I further understand that any required information that is incomplete or missing will cancel this registration.

**Applicant’s Last Name**

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
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**Mailing Address**

**Address Cont’d**

**City, State, Zip Code**

**Social Security Number**

**Date of Birth (mm/dd/yy)**

**Home Telephone Number**

**Mobile Telephone Number**

**E-mail**

**Date of original test:**

Have you re-tested since then?  ☐ Yes  ☐ No

**Account # (if applicable):**

**Certification # (if applicable):**

**Method of Payment**

- Check or Money Order # ______________
- VISA  MC  AMEX  Diners  Discover
- Credit Card 
  
**Expiration Date**

**Mo**  **Yr**  

**Signature**

**AWS USE ONLY**

**Date**  

**Acc’t #**

**Amt $**

**Note:** AWS strongly recommends the applicant selects a second and third site location alternative. If the first choice is not available, the next available location will be selected. Please do not make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department.

**1. PLEASE INDICATE THE EXAM LOCATION OF YOUR CHOICE**

**PLEASE ALLOW 3-4 WEEKS PROCESSING TIME  CONFIRMATION LETTERS WILL BE EMAILED UNLESS EMAIL ADDRESS IS NOT INDICATED**

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: _______________

**2. PLEASE CHECK TEST PART(S)**

☐ Part A – Fundamental
☐ Part B – Practical
☐ Part C – Code Application
  - D1.1  ☐ API-1104  ☐ D1.2  ☐ D15.1  ☐ D1.5
  - ASME VIII, ASME IX  ☐ ASME IX, B31.1, B31.3

**Re-Exam Price**

<table>
<thead>
<tr>
<th>Member</th>
<th>Non-Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Parts</td>
<td>$595</td>
</tr>
<tr>
<td>Per Part</td>
<td>$275</td>
</tr>
</tbody>
</table>

**3. PLEASE INDICATE THE FOLLOWING SEMINAR OF YOUR CHOICE OR CHOOSE “EXAMINATION ONLY”**

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

☐ Welding Inspection Technology workshop  
  *Member $440/Non-Member $655*

☐ API1104 Seminar Week Pak (code book not supplied)  
  *Member $1205/Non-Member $1420*

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

☐ D1.1 Seminar Week Pak Member $1585/Non-Member $1800

☐ Visual Inspection Workshop  
  *Member $515/Non-Member $730*

☐ Seminar Retake Week Course (books not included) $800
  
  Available to candidates within one year of their original seminar start date.

**EXAMINATION ONLY**

**Non-Member price includes a three year individual membership**

By signing below, I verify I have read and met the standard requirements for re-examination. I agree to comply with the provisions set forth in the Standard concerning the administration of my examination and certification. I further understand that any required information that is incomplete or missing will cancel this registration.

**Applicant’s Signature**  

**Date:**

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Re-Exam app rev.3/3/2011
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 (≥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 (≥30.5 cm): (please check one of the following) AWS use only
   - Both eyes require corrected vision to J2
   - Only one eye needs corrected vision to J2
   - No correction is required.

2. Through a color perception examination, is the applicant colorblind? (please check one of the following) AWS use only
   - No, customer is not colorblind
   - Yes, customer is colorblind.

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:

- Seminar Only - $550
- Exam Only - $140
- Seminar and Exam - $690

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:

- Seminar Only - $350
- Exam Only - $140
- Seminar and Exam - $490

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.

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

___________________________  _______________________
Applicant’s Signature                              Date

AWS Policies and Fees-12/15/2010