



# American Welding Society

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

## CWSR- Certified Welding Sales Representative Exam/Re-Exam Application

**For your convenience, please use our [Candidate Registration Portal](#). Effective November 15<sup>th</sup>, 2019, applications sent to our headquarters by email or paper will be charged an additional \$125.00.**

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#	

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

Have you obtained an AWS Certification?  Yes  No      If yes, Certification #: \_\_\_\_\_

Are you an AWS Member?  Yes  No      If yes, Member #: \_\_\_\_\_

**2. Please check one of the following:**

Initial Exam - Complete ALL sections of this application; 1 through 11.  
OR

Re-Exam - Complete Sections 1, 2, 3, 4, 5, 7 (if applicable), 10, and 11 of this application.

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.  
AWS also offers online training for CWSR candidates. To learn more, please visit: <http://awo.aws.org/seminars/cwsr/>.

Check here if taking any non-AWS seminar prior to the exam.

Name of Training Provider \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

<b>3. Method of Payment-</b> All checks and money orders should be made payable to AWS.	<b>AWS USE ONLY</b>
<u>Payment must accompany your application</u>	Acct #: _____
<input type="checkbox"/> Check or money order # _____	_____
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover      CVV: _____	Date: _____
CC#: _____ / _____ / _____ / _____      Exp: _____ / _____	AMT\$: _____ CWSR
SIGNATURE: _____	
<a href="#">Click here</a> for current fees or visit <a href="http://bit.ly/1QseRd2">http://bit.ly/1QseRd2</a>	

**4. Associations**

<b>Type of Business</b> (check only ONE)	<b>Job Classification</b> (check only ONE)	<b>Technical Interests</b> (check all that apply)
A <input type="checkbox"/> Contract Construction	01 <input type="checkbox"/> President, owner, partner, officer	<input type="checkbox"/> Robotics
B <input type="checkbox"/> Chemicals & Allied Products	02 <input type="checkbox"/> Manager, director, superintendent (or assistant)	<input type="checkbox"/> Computerization of Welding
C <input type="checkbox"/> Petroleum & Coal Industries	03 <input type="checkbox"/> Sales	<input type="checkbox"/> Ferrous Metals
D <input type="checkbox"/> Primary Metal Industries	04 <input type="checkbox"/> Purchasing	<input type="checkbox"/> Aluminum
E <input type="checkbox"/> Fabricated Metal Products	05 <input type="checkbox"/> Engineer — welding	<input type="checkbox"/> Nonferrous Metals Except Aluminum
F <input type="checkbox"/> Machinery Except Elect. (Incl. Gas Welding)	06 <input type="checkbox"/> Engineer — other	<input type="checkbox"/> Advance Materials/Intermetallics
G <input type="checkbox"/> Electrical Equip., Supplies, Electrodes	07 <input type="checkbox"/> Inspector, tester	<input type="checkbox"/> Ceramics
H <input type="checkbox"/> Transportation Equip. - Air, Aerospace	08 <input type="checkbox"/> Supervisor, foreman	<input type="checkbox"/> High Energy Beam Processes
I <input type="checkbox"/> Transportation Equip. - Automotive	09 <input type="checkbox"/> Welder, welding or cutting operator	<input type="checkbox"/> Arc Welding
J <input type="checkbox"/> Transportation Equip. - Boats, Ships	10 <input type="checkbox"/> Architect, designer	<input type="checkbox"/> Brazing & Soldering
K <input type="checkbox"/> Transportation Equip. - Railroad	11 <input type="checkbox"/> Consultant	<input type="checkbox"/> Resistance Welding
L <input type="checkbox"/> Utilities	12 <input type="checkbox"/> Metallurgist	<input type="checkbox"/> Thermal Spray
M <input type="checkbox"/> Welding Distributors & Retail Trade	13 <input type="checkbox"/> Research & development	<input type="checkbox"/> Cutting
N <input type="checkbox"/> Misc. Repair Services (Incl. Welding Shops)	14 <input type="checkbox"/> Technician	<input type="checkbox"/> NDT
O <input type="checkbox"/> Educational Services (Univ., Libraries, Schools)	15 <input type="checkbox"/> Educator	<input type="checkbox"/> Safety & Health
P <input type="checkbox"/> Engineering & Architectural Services (Incl. Assns.)	16 <input type="checkbox"/> Student	<input type="checkbox"/> Bending & Shearing
Q <input type="checkbox"/> Misc. Business Services (Incl. Commercial Labs)	17 <input type="checkbox"/> Librarian	<input type="checkbox"/> Roll Forming
R <input type="checkbox"/> Government (Federal, State, Local)	18 <input type="checkbox"/> Customer service	<input type="checkbox"/> Stamping & punching
S <input type="checkbox"/> Other	19 <input type="checkbox"/> Other	<input type="checkbox"/> Aerospace
	20 <input type="checkbox"/> Engineer - design	<input type="checkbox"/> Automotive
	21 <input type="checkbox"/> Engineer - manufacturing	<input type="checkbox"/> Machinery
	22 <input type="checkbox"/> Quality Control	<input type="checkbox"/> Marine
		<input type="checkbox"/> Piping & Tubing
		<input type="checkbox"/> Pressure Vessels & Tanks
		<input type="checkbox"/> Sheet Metal
		<input type="checkbox"/> Structures
		<input type="checkbox"/> Other
		<input type="checkbox"/> Automation

NAME \_\_\_\_\_

AWS MEMBER NO. \_\_\_\_\_

**5. Education and Experience Requirements – Please check all that apply.**

<input type="checkbox"/> High School /GED certificate.
<input type="checkbox"/> At least 5 years of experience in an occupational function in direct relation to the sales of welding equipment, cutting equipment, and supplies and other related services. <i>Documentation of experience is required under Section 8.</i>
<input type="checkbox"/> Minimum of 2 years' experience, but less than 5 years' experience in an occupational function in direct relation to the sales of welding equipment, cutting equipment, and supplies and other related services. <i>Documentation of experience is required under Section 8. Also, applicant must submit a certificate of completion for welding processes, cutting processes and filler metal with this application*.</i>
<b>*This prerequisite can also be fulfilled by attending the AWS CWSR online seminar.</b>

**6. Qualifying Work Experience – Resumes NOT Accepted**

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

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

PLEASE DUPLICATE THIS PAGE IN ORDER TO MEET THE WORK EXPERIENCE REQUIREMENTS FOR CWSR

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

**7. American with Disability Act Accommodations**

By checking this box, I am requesting special accommodations due to a disability. AWS is committed to complying fully with the ADA. [Click here](#) for a copy of the accommodations request package or visit <http://bit.ly/1QseRd2>.  
 Will you be using a glucose meter during your exam? Yes  No

**8. Employment Verification**

This section **MUST** be completed by a supervisor or personnel manager from the most recent employer. If self-employed or 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.

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 \_\_\_\_\_

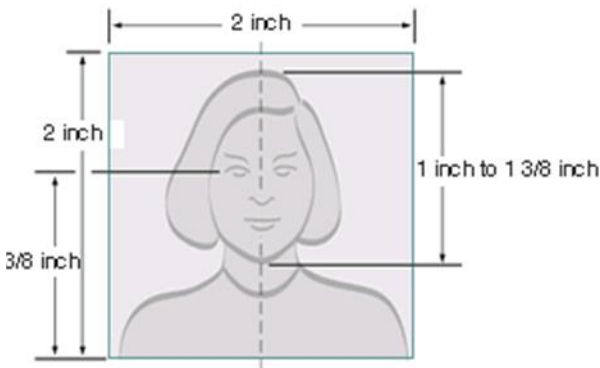
I \_\_\_\_\_, verify that \_\_\_\_\_ maintained  
Supervisor/Personnel Manager's Name (print) Employee's Name (print)

employment at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Company Name Date mm/yyyy Date mm/yyyy or Present

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor/Personnel Manager

**9. Photo Identification Card**

Applicants **MUST** submit one (1) passport-style color photograph. **Please print your name and membership number (if applicable) on the reverse of the 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.



**Photo Requirements:**

- Must be in color.
- Printed on photo quality paper.
- 2 x 2 inches (51 x 51 mm) in size.
- Sized such that the head is between 1 inch and 1 3/8 inches (between 25 and 35 mm) from the bottom of the chin to the top of the head.
- Taken within the last 6 months to reflect your current appearance.
- Taken in front of a plain white or off-white background.
- Taken in full-face view directly facing the camera with a neutral facial expression and both eyes open.

**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.

**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:

- [QC14 Standard for the AWS Certification of Welding Inspectors](#)
- [B5.14 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: \_\_\_\_\_