



American Welding Society

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

SCWI RE-EXAM APPLICATION

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

2. 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#

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.

INTERNATIONAL CUSTOMERS

English
 Spanish
 Chinese

1. Check and Complete the Following:	
<p>Are you an AWS Member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, Member #: _____</p> <p style="text-align: center;">SCWI Re-Exam- Parts A & B</p> <p style="text-align: center;">Re-examinations shall be considered as any tests taken within one year (12 months) of the original test date. Candidates may take up to two (2) re-examinations within one year of the original test date.</p>	<p><input type="checkbox"/> Check here if taking any non-AWS seminar prior to the exam.</p> <p>Name of Training Provider _____</p> <p>Location _____</p> <p>Date _____.</p>

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

Name: _____

AWS Member #

3. 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

4. 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.

5. 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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