Last

## Certified Welding Engineer Exam Application

For your convenience, please use our <u>Certification Application Portal</u>.

Effective November 15<sup>th</sup>,2019, applications will be charged an additional non-refundable fee \$125.00 if sent to AWS by email or paper.

First Name

Name	_												_																					_			_		_		_					
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	1. Background - Complete all items in this section.																																													
1a. Ar	1a. Are you a current AWS Member? □No □Yes Membership #																																													
1b. Ha	1b. Have you ever been certified by AWS?   No  Yes Certification Number(s)																																													
	1c. Have you taken and passed Parts 1 & 2 of the AWS CWEng exam?   No Yes State and Date of Exam																																													
1d. Is this an application for a retest?   No Yes Retest on which part(s)?   Part 1 Part 2 Part 3 Part 4  If YES, complete only Sections 4 -7 only. If NO, complete all parts that pertain.																																														
	1e. Do you possess a current State Professional Engineering License in Welding Engineering? ☐No ☐Yes If YES, you are exempt from all parts. Attach copy of certificate and complete sections 4 - 7 and 11-12.																																													
	1f. Do you have an IWE, IIW or EWE Diploma? ☐No ☐Yes Diploma #  If YES, Attach certificate copy and complete Sections 3 - 9, and 11-12.																																													
1g. Ha	1g. Have you passed the Engineering Fundamentals Examination (formerly EIT) administered by a State Board of Engineering? ☐No ☐Yes																																													
	State and Date where exam was taken																																													
If YES, you are exempt from Parts 1 & 2 of the exam; attach copy of exam results and complete all parts.																																														
2. American with Disability Act Accommodations																																														
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3. Indicate the Exam Location of Your Choice.																																														
1 <sup>st</sup> Site	e Cod	e: _					_ E	xam	ı Da	ıte: _						c	ity	/St	ate:	-											_ S	ubı	mis	sior	ı De	adl	line	::								
2 <sup>nd</sup> Sit	2 <sup>nd</sup> Site Code: Exam Date: City/State: Submission Deadline:																																													
3rd Site	3 <sup>rd</sup> Site Code: Exam Date: City/State: Submission Deadline:																																													
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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.																																														
4. Method of Payment- all checks and money orders should be made payable to AWS.  AWS USE ONLY																																														
Payment must accompany your application Acct #:																																														
	Check or money order #																																													
□ VISA   □ MC   □ AMEX   □ Discover   CVV:   Date:																																														
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Name:	Membership Number:											
5. Personal Information												
Address												
Address (cont'd)	Apt #											
City and State / Province / Country		Zip Code										
Home Telephone Number Work	Telephone Number Mobile	e Telephone Number										
Date of Birth (example November 30 1952)	U.S. Social Security Numb	ner (last 4 only)										
Successive Marchael 30 1332)		x										
E-Mail Address (confirmation notification will be sent to this	address)											
6. Associations												
TYPE OF BUSINESS (check only ONE)	Job Classification (check only ONE	Technical Interests (check ALL that apply)										
A ☐ Contract Construction	01 President, owner, partner, officer	Robotics										
B Chemicals & Allied products	02 Manager, Director, Superint. (or assistant)	☐Computerization of Welding ☐Ferrous Metals										
	03 Sales											
C Petroleum & Coal Industries	_	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐										
D Primary Metal Industries	04 Purchasing	☐Advance Materials/Intermetallics										
E Fabricated Metal Products	05 Engineer — welding	Ceramics										
F Machinery Except Elect. (incl. Gas Welding)	06 Engineer — other	High Energy Beam Process										
G Electrical Equip., Supplies, Electrodes	07 Inspector, tester	☐Arc Welding ☐Brazing & Soldering										
H Transportation Equip Air, Aerospace	08 Supervisor, foreman	Resistance Welding										
I Transportation Equip Automotive	09 Welder, welding or cutting operator	☐Thermal Spray										
J Transportation Equip Boats, Ships	10 Architect, designer	Cutting										
K Transportation Equip Railroad	11 Consultant	□NDT										
L Utilities	12 Metallurgist	□Safety & Health □Bending & Shearing □Roll Forming □Stamping & Punching □Aerospace										
M Welding Distributors & Retail Trade	13 Research & development											
N Misc. Repair Services (incl. welding Shops)	14 Technician											
O Educational Services (Univ,Libraries,Schools)	15 Educator											
P Engineering & Architectural Serv.(Incl.Ass.)	16 Student	☐Machinery ☐Marine										
Q Misc. Business Services (Incl.Comm.Labs)	17 Librarian	□Piping & Tubing										
R Government (Federal, State, Llocal)	18 Customer service	☐Pressure Vessels & Tanks										
S ☐Other	19 Other	Sheet Metal										
3 Louis	20 Engineer - design	□Structures □Other										
		☐Other☐Automation☐										
	21 Engineer - manufacturing	Computerization of Welding										
	22 Quality Control											

Name:		Mem	Nembership Number:								
7. Photo Requirement											
Applicants <u>MUST</u> submit one (1) passport-streview the information on how to provide a your photo is always at the discretion of the	suitable ph										
	inch to 1 3/8	inch	Print your name and AWS reverse of the photograph.	cuments are <b>not acceptable</b> . membership number on the							
3/8 inch	•		Only use scotch tape o	on the back of the photo.							
8. Educational Background											
Check the box indicating your highest level of ed science or vocational education courses	ucation. Mus	t include a co	py of transcripts for engineering, engine	eering technology, physical							
Minir	num Educa	tion Level		Minimum Work History							
High school diploma or GED				15 years							
Associate in Applied Science degree				10 years							
Other related Bachelor of Science degrees				5 years							
Bachelor of Science degree in engineering te	echnology			2 years							
Bachelor of Science degree in engineering 1 year											
Date of graduation/issue  List education below You must attach supporting documents.	cumentation (		and school/issuing agency ranscripts, diplomas, etc.). Please list only the	e items that are necessary to satisfy							
education requirements for CWEng certification.		)ato									
Name and Address of Institution	From	To	Course of Study	If graduated, check one:							
				B.Sc. in engineering  ☐ B.Sc. related discipline ☐ B.Sc. in eng. technology ☐A.S.S. degree ☐ High school diploma							
Name and Address of Institution	From	Date To	Course of Study	If graduated, check one:							
				B.Sc. in engineering  ☐ B.Sc. related discipline ☐ B.Sc. in eng. technology ☐A.S.S. degree ☐ High school diploma							

Name:	ivier	nbersnip Numbe	er:		
9. Qualifying Work Experience					
Experience Requirements- Check all which best describes th	e majority of your wor	k experience			
☐ Manufacturing					
☐ Fabrication					
Construction					
Research & Development					
☐ Training					
	Make as many copies	of this form as neede	ed		
Company Name	Type of Busin	ess	Company P	hone Number	
Company Street Address		City, State, Zip	Code		
Company Street Address		City, State, Zip	code		
Supervisor's Name		Title of Immediate	Supervisor		
Supervisor's Email Address			Department		
A Constitute Title		T e	1	1	
Applicant's Job Title			loyed From:	To:	
Job Responsibilities- Detailed Description Required		(Mo.	.) (Yr.)	(Mo.) (Yr.)	
10. Employment Verification					
Please enter your name and then forward to yo each employer may use it to demonstrate the re	•	•			•
<ul> <li>This section MUST be completed by a supervisor</li> <li>Self-employed or contract applicants must substitutesting to:         <ul> <li>the nature of work assignments during the polymer of type of work done</li> <li>length of time as a client</li> </ul> </li> <li>If the employer is no longer in business, include an experience of the supervisor of the</li></ul>	or personnel manage cute this section with period of performand	er for the most rec a a letter of reference	ent or current emp	oloyer indicated above.	
Company Name:	Coi	mpany Phone:			
Company Address:					
City, State:				Country:	
I	verify that			maintained employme	ant at
Supervisor/Personnel Manager's Name	, verify that	Employee	's Name (print)	manicamea employme	at
fi	rom	to	o	·	
Company Name	Date <b>mm/yy</b>	уу	Date mm/yyyy	or Present	
Signature:			Date:	Month/Day/Year	
Supervisor/Personnel Manag	er's Name			Month/Day/Year	

Name: Membership Number:
11. Provisto
Upon obtaining my certification, I give AWS the right to reveal my certification status as it relates to my validity and expiration date only. No other information related to my certification is to be revealed.   Yes   No
12. 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:  • B5.16 Specification for the Qualification of Welding Engineers  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. AWS may send text alerts regarding your seminar and/or exam site information or status.
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: