



CWI/CWE Exam Application

PLEASE PRINT IN BLUE OR BLACK INK

P.O. Box 440367 ♦ Miami, FL 33144-0367 ♦ (800) 443-9353, ext. 273 ♦ (305) 443-9353, ext. 273

THIS APPLICATION IS FOR (CHECK ONLY ONE):

- Input boxes for CWI, CWI and CWE, and CWE only.

ARE YOU A CURRENT AWS MEMBER? Input boxes for No/Yes and Member #.

HAVE YOU TAKEN THE CWI CERTIFICATION EXAM? Input boxes for No/Yes and exam date/location.

IF YOU WERE PREVIOUSLY CERTIFIED WITH AWS, PLEASE PROVIDE CERTIFICATION #: Input box.

S.E.N.S.E. PROGRAM INFORMATION:

ARE YOU EMPLOYED BY AN AWS S.E.N.S.E. PROGRAM PARTICIPATING ORGANIZATION? Input boxes for No/Yes.

Facility Name: P.O.#: (Must include an original letter from your organization, verifying your employment in order to qualify for a discount on fees)

METHOD OF PAYMENT

Check # Bill PO # (attach copy)

- Input boxes for VISA, MC, AMEX, Diners, Discover.

Credit Card #

Grid for credit card number.

Exp. Date

Grid for expiration date (Mo, Day, Yr).

Signature

AWS USE ONLY

Site Code Date Recv'd

Acc't # Amt \$

LAST NAME

FIRST NAME

MI

Grid for name input.

U.S. SOCIAL SECURITY NUMBER

INTERNATIONAL CANDIDATE PASSPORT NUMBER

Grid for social security and passport numbers.

PLEASE CHECK THE APPROPRIATE BOX BELOW:

PLEASE ASSIGN ME TO THE FOLLOWING EXAM ONLY

OR

PLEASE REGISTER ME FOR THE FOLLOWING PREPARATORY SEMINAR WITH ITS ASSIGNED EXAM:

- 1st, 2nd, 3rd Site Code, Test Date, City/State, *Application Submission Deadline.

PLEASE NOTE: AWS strongly recommends that the applicant select second and third site alternatives. If your first choice isn't available, you'll be placed in your next selection. IMPORTANT- Applications received without a test site selection will be considered incomplete, and if no site is submitted within 30 days of application submission, the applicant may be in jeopardy of forfeiting application fees (QC1:96, Section 6.1.1.2). *The Application Submission Deadline is (6) weeks PRIOR to the scheduled test date. Applications received AFTER this deadline will automatically be charged the \$250 Fast Track Process Fee. To avoid this fee, applications must be received by the Application Submission Deadline..

I CHOOSE THE FOLLOWING DISCOUNT SEMINAR/EXAMPACKAGE (ONLY SELECT ONE):

PLATINUM PAK

- 1. D1.1 Code Clinic (Sun, 1pm - 5pm, code book supplied) (Mon, 8am - 12 noon)

AND

- 2. API-1104 Code Clinic (Mon, 1pm - 5pm) *NO code book supplied; participant needs to buy 19th edition*
3. Welding Inspection Tech Course (Tues - Thurs, 8am - 5pm)
4. Visual Inspection Workshop (Fri, 8am - 5pm)
5. Certification Exam (Sat, 8am - 4:15pm)

GOLD PAK (ONLY INCLUDES THE API-1104 CODE CLINIC)

- 1. API-1104 Code Clinic (Mon, 1pm - 5pm) *NO code book supplied; participant needs to buy 19th edition*
2. Welding Inspection Tech Course (Tues - Thurs, 8am - 5pm)
3. Visual Inspection Workshop (Fri, 8am - 5pm)
4. Certification Exam (Sat, 8am - 4:15pm)

VISUAL INSPECTION WORKSHOP AND CWI EXAMINATION (NO CODE CLINICS)

- 1. Visual Inspection Workshop (Fri, 8am - 5pm)
2. Certification Exam (Sat, 8am - 4:15pm)

SILVER PAK (NO CODE CLINICS) (suggested for CWE applicants)

- 1. Welding Inspection Tech Course (Tues - Thurs, 8am - 5pm)
2. Visual Inspection Workshop (Fri, 8am - 5pm)
3. Certification Exam (Sat, 8am - 4:15pm)

CWI EXAMINATION ONLY

YOU MUST CHOOSE ONE OF THESE CODES AS YOUR OPEN CODE BOOK TEST SUBJECT:

- Input boxes for AWS D1.1 Structural Steel, API-1104 Pipelines, AWS D15.1 Railroad, AWS D1.5 Bridges.

NOTE: AWS cannot supply the API 1104 (19th edition) code book. Those candidates wishing to enroll in the API 1104 Code Clinic and/or elect to take the API 1104 open code book examination MUST purchase or possess the 19th edition of API 1104. Copies may be purchased through Global Engineering at: (800) 854-7179 or via e-mail: www.global.ihs.com

LAST NAME:	FIRST NAME:
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PERSONAL (WE WILL MAIL ALL YOUR CORRESPONDENCE TO THE ADDRESS LISTED BELOW)

LAST NAME	FIRST NAME	MI

COMPANY NAME ONLY IF MAILING ADDRESS

STREET ADDRESS FOR CORRESPONDENCE	APTNO.

CITY AND STATE/PROVINCE/COUNTRY	ZIP CODE

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

FAX TELEPHONE NUMBER

E-MAIL

DATE OF BIRTH (MM/DD/YY - Ex: 02/13/46)

ASSOCIATIONS

CHECK ONE BOX. TYPE OF BUSINESS	CHECK ONE BOX. JOB CLASSIFICATION	
A. <input type="checkbox"/> Contract Construction	01 <input type="checkbox"/> President, owner, partner, officer	D__ Advanced materials, intermetallics
B. <input type="checkbox"/> Chemicals, Allied Products	02 <input type="checkbox"/> Manager, director, superintendent	E__ Ceramics
C. <input type="checkbox"/> Petroleum & Coal Industries	03 <input type="checkbox"/> Sales	F__ High energy beam processes
D. <input type="checkbox"/> Primary Metal Industries	04 <input type="checkbox"/> Purchasing	G__ Arc welding
E. <input type="checkbox"/> Fabricated Metal Products	05 <input type="checkbox"/> Engineer – welding	H__ Brazing and soldering
F. <input type="checkbox"/> Machinery except electrical	06 <input type="checkbox"/> Engineer – other	I__ Resistance welding
G. <input type="checkbox"/> Electrical equipment, supplies, electrodes	07 <input type="checkbox"/> Inspector, tester	J__ Thermal spraying
H. <input type="checkbox"/> Transport equip., air, aerospace	08 <input type="checkbox"/> Supervisor, foreman	K__ Cutting
I. <input type="checkbox"/> Transport equip., automotive	09 <input type="checkbox"/> Welder, welding or cutting operator	L__ NDE
J. <input type="checkbox"/> Transport equip., boats, ships	10 <input type="checkbox"/> Architect, designer	M__ Safety and health
K. <input type="checkbox"/> Transport equip., railroad	11 <input type="checkbox"/> Consultant	N__ Bending and shearing
L. <input type="checkbox"/> Utilities	12 <input type="checkbox"/> Metallurgist	O__ Roll forming
M. <input type="checkbox"/> Welding distributorship & retail trade	13 <input type="checkbox"/> Research and development	P__ Stamping and punching
N. <input type="checkbox"/> Misc. repair services inc. welding shops	14 <input type="checkbox"/> Technician	Q__ Aerospace
O. <input type="checkbox"/> Education services inc. schools, libraries	15 <input type="checkbox"/> Educator	R__ Automotive
P. <input type="checkbox"/> Engineering & architectural services	16 <input type="checkbox"/> Student	S__ Machinery
Q. <input type="checkbox"/> Misc. business services inc. laboratories	17 <input type="checkbox"/> Librarian	T__ Marine
R. <input type="checkbox"/> Governmental (federal, state, local)	18 <input type="checkbox"/> Customer service	U__ Piping and tubing
S. <input type="checkbox"/> Other _____	19 <input type="checkbox"/> Other _____	V__ Pressure vessels and tanks
YOUR COMPANY'S #1 PRODUCT/SERVICE:	FILL IN ORDER OF PRIORITY (1, 2, 3 ETC.) YOUR TECHNICAL INTERESTS	W__ Sheet metal
		X__ Structures
		Y__ Other _____
		Z__ Automation
		1__ Robotics
	C__ Nonferrous metals except aluminum	2__ Computerization of welding

LAST NAME:	FIRST NAME:
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EDUCATIONAL LEVEL

PLEASE CHECK THE APPROPRIATE BOX BELOW:

<input type="checkbox"/> High school graduate or achieved GED certificate	MUST document at least 5 years work experience in the Qualifying Work Experience Section below
<input type="checkbox"/> Did not graduate high school, but completed the 8 th grade	MUST document at least 10 years work experience in the Qualifying Work Experience Section below
<input type="checkbox"/> Did not complete the 8 th grade	MUST document at least 15 years work experience in the Qualifying Work Experience Section below

The QC1:96 allows post high school education to be substituted for a maximum of (2) years of the required (5) years work experience in welding functions as stated in Section 5.2.2. Please complete this section only if substituting education for work experience:

PLEASE CHECK THE APPROPRIATE BOX BELOW:

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

QUALIFYING WORK EXPERIENCE

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

Duplicate this page as needed to provide additional information for *each one* of your employers in order to meet the experience requirements for CWI/CWE eligibility.

Company Name: _____ Dept/Div.: _____

Supervisor/Personnel Manager: _____ Telephone: () _____

Mailing Address: _____

City: _____ ST/Prov.: _____ Zip: _____ Country: _____

Supervisor/ Personnel Manager's e-mail: _____

JOB TITLE	FROM MONTH/YEAR	TO MONTH/YEAR
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		

LAST NAME:

FIRST NAME:

COMPANY PRODUCTS

Is your employer's products fabricated in accordance with:

- a company standard
- a US standard
- an international standard
- no standard

YOUR DUTIES AND RESPONSIBILITIES

Check the boxes below, which describe your main job duties:

- Prepare welding plans and/or drawings
- Perform, supervise or monitor joint preparation for weldment fabrication
- Supervise or monitor weldment fabrication and/or repairs
- Perform, supervise, monitor, witness, and/or approve inspection of fabricated weldments
- Train inspectors to inspect weldments
- Plan or control materials, procedures, and operations for weldment fabrication
- Perform, supervise, monitor, witness, and/or approve inspection of joint preparation
- Develop welding inspection procedures
- Train welders to fabricate weldments

PLEASE HAVE THIS SECTION COMPLETED BY YOUR SUPERVISOR OR PERSONNEL MANAGER OF YOUR MOST RECENT EMPLOYER. IMPORTANT. THIS PAGE MUST BE MAILED WITH YOUR APPLICATION. DO NOT SEND SEPARATELY. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS COMPLETED SECTION. DO NOT USE THIS PAGE IF SELF-EMPLOYED. SELF-EMPLOYED APPLICANTS MUST PROVIDE TWO (2) NOTARIZED LETTERS OF REFERENCE FROM SEPARATE CLIENTS.

EMPLOYMENT VERIFICATION

Employee's last name: _____ First name: _____ MI: _____

Company Name: _____ Dept/Div.: _____

Mailing Address: _____

City: _____ ST/Prov.: _____ Zip: _____ Country: _____

Supv/ Personnel Mgr E-mail: _____ Supv/Personnel Mgr Phone: () _____

PLEASE PRINT EXCEPT FOR SIGNATURE

I verify that: _____, whose social security number is: _____ is / was
(circle one)

employed by this company and conducted the duties submitted in this application during the employment periods submitted in this application.

My name is: _____ My job title is: _____

Date: _____ Signature: _____

NOTARIZATION. I hereby certify that I have read the requirements contained in the document QC-1 *Standard for AWS Certification of Welding Inspectors*. Further, I agree to comply with the existing requirements and any subsequent requirements that may be instituted by AWS. 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.

Applicant's Signature _____ Sworn to and subscribed before me this _____ day of _____ 200__

My commission expires _____ Notary Public Signature _____ (Seal and/or stamp is **required**)

LAST NAME:

FIRST NAME:



American Welding Society

CWE Welding Instructor Credentials

PLEASE PRINT IN BLUE OR BLACK INK
ATTACH THIS COMPLETED FORM TO YOUR MAIN APPLICATION.

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CHECK ONE STATUS: CWE Only CWI/CWE

NAME OF APPLICANT: _____ SOCIAL SECURITY NUMBER: _____
(or international passport number)

NAME OF INSTITUTION: _____

INSTITUTION'S MAILING ADDRESS: _____

CITY: _____ ST/PROV.: _____ ZIP: _____ COUNTRY: _____

CHECK: University 4-YR College 2-YR College Vo-Tech High School Private or Union Company

WELDER CERTIFICATE:

Attach a copy(ies) of a VALID (ex: current as defined by the national standard under which you tested) welder certification card(s) to this application.

- Indicate where your certificate was obtained (ex: through your company, U.S. Military, AWS QC3/QC7 Welder Certification Program, or other source):

- List the standard(s) you were tested under: _____

A. STATEMENT OF INSTRUCTIONAL METHODS REQUIRED AT THIS INSTITUTION

List the subjects that you teach at your institution. For each subject, provide information on the duration of training and how much time is spent between classroom and laboratory. Describe how students in your courses are evaluated and what documentation is furnished to track the completion of instruction at your institution. Also describe how you as an instructor are evaluated.

B. CONFIRMATION OF INSTRUCTIONAL METHOD DELIVERY

The applicant's administrator or direct supervisor shall provide a brief statement attesting to the accuracy of the above description of the applicant's performance as a welding educator, followed by a formal recommendation for certification as an AWS Certified Welding Educator.

I recommend that _____ be recognized for certification as an AWS Certified Welding Educator.

NAME _____ SIGNATURE _____ TITLE _____



Visual Acuity Record

PLEASE PRINT IN BLUE OR BLACK INK

*ATTACH THIS COMPLETED RECORD TO YOUR MAIN APPLICATION
OR SUBMIT IT AT THE CWI EXAM LOCATION*

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CHECK ONE STATUS: CWI CWI/CWE SCWI Re-Certification

NAME OF APPLICANT: _____ SOCIAL SECURITY NUMBER: _____
(or international passport number)

AWS CERTIFICATION NUMBER (IF EXISTING): _____ EXAM DATE/LOCATION: _____

TO ALL CERTIFICATION EXAMINATION CANDIDATES:

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 (7) months** prior to the scheduled date of the applicant's welding inspection examination or re-certification anniversary date. Please attach this completed record to your main application and send to AWS, and keep a copy for your files.

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12 in. – 17 in. All applicants shall take a color perception test. Eye examination results shall be submitted on record forms furnished by the AWS Certification Department.

AWS will not accept visual acuity test results that do not comply with regulations. AWS will not release your exam results without a completed visual acuity record on file. Applicants may submit completed visual acuity records at the CWI exam location.

TEST RESULTS

Does the applicant possess near visual acuity of Jaeger J2 (letters .37cm in size) at a distance of 12 in. – 17 in.?

- YES
- YES, but with corrective lenses

Does the applicant possess color perception using pseudoisochromatic plates?

- YES
- NO

Does the applicant possess the ability to differentiate between the colors red and green?

- YES
- NO

ATTEST TO

I certify that I, _____ administered an eye examination to the
(print eye examiner's name)
applicant _____ on _____ which
(print applicant's name) (date)
demonstrated the vision capabilities indicated above.

PLEASE IDENTIFY YOUR PROFESSIONAL STATUS BY CHECKING ONE OF THE FOLLOWING:

- Ophthalmologist Optometrist Medical Doctor Registered Nurse Certified Physician's Assistant

STATE/PROV. LICENSE NUMBER: _____

PROFESSIONAL MAILING ADDRESS: _____

CITY: _____ ST/PROV.: _____ ZIP: _____ COUNTRY: _____

SIGNATURE OF EYE EXAMINER: _____ CONTACT TELEPHONE NUMBER: () _____