



# American Welding Society

P.O. Box 440367 Miami, FL 33144-0367  
(800) 443-9353 or (305) 443-9353, ext. 273  
FAXED APPLICATIONS ARE NOT ACCEPTED

# WELDING INSPECTOR EXAM APPLICATION

LAST NAME												FIRST NAME												MI

DATE OF BIRTH MM/DD/YY				U.S. SOCIAL SECURITY NUMBER				INTERNATIONAL CANDIDATE PASSPORT NUMBER			

### 1. PLEASE INDICATE THE EXAM LOCATION OF YOUR CHOICE:

1<sup>st</sup> Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ \*Submission Deadline: \_\_\_\_\_

2<sup>nd</sup> Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ \*Submission Deadline: \_\_\_\_\_

3<sup>rd</sup> Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ \*Submission Deadline: \_\_\_\_\_

**NOTE:** AWS strongly recommends the applicant selects a second and third site location alternative. If the first choice is not available, the next location will be selected. \*The application submission deadline is six weeks prior to the scheduled exam date. Applicants who do not meet this criteria must contact the Certification Department for Fast Track processing procedure and an additional fee will apply.

### 2. PLEASE CHECK AND COMPLETE THE FOLLOWING:

CAWI (only)

CWI (only)

CWE (only)

CWI and CWE combo

SCWI (only)

ARE YOU OR HAVE YOU EVER BEEN AN AWS MEMBER?  No  YES

If yes, please provide AWS Member # \_\_\_\_\_

HAVE YOU OBTAINED AN AWS CERTIFICATION?  No  YES

If so, Certification #: \_\_\_\_\_

Are you employed by an AWS SENSE program participating organization?  No  YES

If yes, the Facility name: \_\_\_\_\_

### 3. PLEASE SELECT ONE OF THE FOLLOWING FOR YOUR OPEN BOOK TEST SUBJECT:

AWS D1.1 – Structural Steel (2002, 2004, or 2006 editions permissible)

API-1104 – Pipelines ((19<sup>th</sup> (Until June 06) or 20<sup>th</sup> edition))

AWS D15.1 – Railroad (2001 edition)

AWS D1.5 – Bridges (2002)

AWS B2.1 and B4.0 (2004 editions) \* SCWI APPLICANTS ONLY \*

### 4. PLEASE INDICATE THE FOLLOWING SEMINAR OF YOUR CHOICE:

(only for CAWI, CWI and CWE applicants)

**PLATINUM PAK** (two code clinics)

- D1.1 Code Clinic (Sun, 1pm – 5pm & Mon, 8am – 12 noon)
- API-1104 Code Clinic (Mon, 1pm – 5pm)  
\*Code book NOT supplied; applicants must furnish a 20<sup>th</sup> edition\*
- Welding Inspection Tech Course (Tues – Thurs, 8am – 5pm)
- Visual Inspection Workshop (Fri, 8am – 5pm)
- Certification Exam (Sat, 8am – 5pm)

**GOLD PAK** (one code clinic)

- API-1104 Code Clinic (Mon, 1pm – 5pm)  
\*Code book NOT supplied; applicants must furnish a 20<sup>th</sup> edition\*
- Welding Inspection Tech Course (Tues – Thurs, 8am – 5pm)
- Visual Inspection Workshop (Fri, 8am – 5pm)
- Certification Exam (Sat, 8am – 5pm)

**SILVER PAK** (No Code Clinic)

- Welding Inspection Tech Course (Tues – Thurs, 8am – 5pm)
- Visual Inspection Workshop (Fri, 8am – 5pm)
- Certification Exam (Sat, 8am – 5pm)

### FOR INDIVIDUAL SEMINAR WORKSHOPS:

D1.1 code clinic workshop

API-1104 Code clinic workshop

Welding Inspection workshop

Visual inspection workshop

NONE / EXAMINATION ONLY

### 5. METHOD OF PAYMENT

Bill Me / PO (Staple PO to front page of application)

Check or money order # \_\_\_\_\_

VISA  MC  AMEX  Diners  Discover

CC#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE \_\_\_\_\_

### AWS USE ONLY

Date: \_\_\_\_\_ Acct #: \_\_\_\_\_

Amt\$: \_\_\_\_\_ PAID / OWE

QCA/CWE/QCH/QC-COMBO



LAST NAME:	FIRST NAME:
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**8. EDUCATION LEVEL:** *(only CWI, CAWI and CWE applicants are to complete the following section)*

<b>PLEASE CHECK THE APPROPRIATE BOX BELOW:</b>	
<input type="checkbox"/>	High school graduate or achieved GED certificate. CWI and CWE applicants must document five years and CAWI applicants must document two years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/>	Did not graduate high school, but completed the 8 <sup>th</sup> grade. CWI and CWE applicants must document nine years and CAWI applicants must document four years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/>	Did not complete the 8 <sup>th</sup> grade. CWI and CWE applicants must document twelve years and CAWI applicants must document six years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>

Note: Applicants applying for the CWE examination must be a high school graduate or achieved a GED certificate along with the five years of work experience. You shall also complete the CWE Welding Instructor Credentials Form that is attached to this application or submit a written verification letter signed by your teaching supervisor / personnel manager. For further information regarding the CWE program, please refer to the QC5-91.

A maximum of two (2) years of post-high school education may be substituted for an equal number of years of the required five years of work experience relevant to any of the functions described in the AWS B5.1 and the AWS QC5-91 section 5.2 CWE.		
<input type="checkbox"/> VoTech credits - <b>MUST</b> attach transcripts of welding related courses or diploma	Circle no. of years attended 0 1 2 3 4	Maximum one (1) year work substitution credit <i>only</i> if courses <i>completed</i> and <i>within</i> a curriculum related to welding.
<input type="checkbox"/> College credits - <b>MUST</b> attach transcripts of engineering-level courses or diploma	Circle no. of years attended 0 1 2 3 4	Maximum two (2) years work substitution credit <i>only</i> if the degree is in engineering technology, engineering, or physical science

**9. QUALIFYING WORK EXPERIENCE – RESUMES NOT ACCEPTED**

**\*\* NOTE: PLEASE DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE QUALIFYING WORK EXPERIENCE REQUIREMENTS FOR CWI/CAWI/CWE/SCWI ELIGIBILITY.**

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

Company Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Supervisor / Personnel Manager: \_\_\_\_\_ Dept/Div.: \_\_\_\_\_

Supervisor / Personnel Manager's E-mail: \_\_\_\_\_

JOB TITLE: <i>(only for the employer listed above)</i>	FROM MONTH/YEAR	TO MONTH/YEAR
1.		
2.		
3.		
4.		
5.		

<b>LAST NAME:</b> _____	<b>FIRST NAME:</b> _____
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**10. EMPLOYMENT VERIFICATION:** *(this section to be completed by a supervisor or personnel manager from the most recent employer)*

**\*\* NOTE: SELF-EMPLOYED OR CONTRACT APPLICANTS MUST SUBSTITUTE THIS SECTION WITH TWO LETTERS OF REFERENCE ON COMPANY LETTERHEAD FROM SEPARATE CLIENTS ATTESTING TO THE NATURE OF WORK ASSIGNMENTS DURING THE PERIOD OF PERFORMANCE.**

Employee's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Supervisor / Personnel Manager: \_\_\_\_\_ Dept/Div: \_\_\_\_\_

Supervisor / Personnel Manager's Email: \_\_\_\_\_

You verify that \_\_\_\_\_ is or was an employee at your company and conducts the duties during the employment periods stated in this application?    NO    YES

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**11. TESTIMONIAL:** *(this section must be notarized)*

I hereby certify I have read the requirements contained in the *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 the information I have included on this application is true. I understand 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 only. I further understand any information that is incomplete or missing will place my application on a conditional basis. Therefore, test results will not be released until all obligations are fulfilled.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>THE FOLLOWING IS TO BE COMPLETED BY THE NOTARY PUBLIC</u></b>	
Sworn to and subscribed before me this _____ day of _____ 200__.	
My commission expires _____	Notary Public Signature _____ <i>(seal and/or stamp is REQUIRED)</i>



ATTACH THIS COMPLETED RECORD TO YOUR MAIN APPLICATION

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

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

CERTIFICATION NUMBER (IF CERTIFIED): \_\_\_\_\_ 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. to 17 in (30.48cm to 43.18cm). All applicants shall take a color perception test. Eye examination results shall be submitted on record forms furnished by the AWS Certification Business Unit.

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 exam location.

**TEST RESULTS**

Applicant possesses near vision acuity on Jaeger J2 (letters .37cm in size) at a distance of 12 in. to 17 in. (30.48cm to 43.18cm)?

- WITHOUT CORRECTION (O\*)
- WITH CORRECTION (W\*)

Through a color perception examination, has it been determined that the applicant is colorblind?

- YES (B\*)
- NO (C\*)

\* FOR CERTIFICATION INTERNAL PURPOSES.

**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: ( ) \_\_\_\_\_

