



9-YEAR RE-CERTIFICATION APPLICATION – EXEMPT (QCW)

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

QUALIFICATIONS – A **MINIMUM** of (80) contact hours earned during the 9-year certification period related to the field of welding inspection or the teaching of welding inspection subjects. (40) contact hours of the (80) **MUST** be earned within the final 3 years of certification. A contact hour is no less than (50) minutes of personal interaction between a learner and instructor.

Certificates of completion, diplomas, or transcripts **MUST** be submitted with your application. For more information concerning 9-year Re-Certification without examination, please refer to the QC1:96 *Standard for AWS Certification of Welding Inspectors*.

ARE YOU A CURRENT AWS MEMBER: No Yes
If yes, please provide AWS Member #: _____

PLEASE INDICATE TYPE OF CERTIFICATION: CWI CAWI
Certification #: _____ Expiration Date: _____

METHOD OF PAYMENT

- Check # _____ Bill PO (Staple PO to front page of application)
- Visa MC AMEX Diners Discover

Credit Card #

Expiration Date

Mo Day Yr _____ Signature

AWS USE ONLY

Date Recv'd _____ Acc't # _____

Amt \$ _____

LAST NAME

FIRST NAME

MI

U.S. SOCIAL SECURITY NUMBER

INTERNATIONAL CANDIDATE PASSPORT NUMBER

COMPANY NAME ONLY IF MAILING ADDRESS

STREET ADDRESS FOR CORRESPONDENCE

APT No.

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)

PLEASE ORDER A REPLACEMENT CWI STAMP WITH MY 9-YEAR RE-CERTIFICATION YES NO
ENCLOSED IS AN ADDITIONAL \$30.00. NO CAWI STAMPS ARE AVAILABLE. If you do not receive your CWI stamp (3) weeks **after** your CWI certificate and wallet card, please contact the Certification Business Unit at: 1-800-443-9353, ext. #273.

PLEASE NOTE: Your CWI OR CAWI will be restored for an additional (3) years once you have successfully completed the 9-Year Re-Certification Application without Examination Application and submitted all supporting documentation. Neglecting to re-certify prior to your expiration will result in the loss of your certification status. In order to regain your certification, you must re-test on all (3) parts of the CWI/CWE Exam.

LAST NAME:

FIRST NAME:

ASSOCIATIONS

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

LAST NAME:

FIRST NAME:

CONTINUING EDUCATION and/or TEACHING CREDIT

- Select and send only documentation to support the 80 required contact hours. A contact hour is no less than 50 minutes of personal interaction between a learner and instructor. Contact implies two-way communication in order for the learner to receive feedback.
- Select and send only documentation that clearly communicates these requirements:

- √ Duration of the course or seminar (number of **contact hours, not credit hours**)
- 0 **Instructor's credentials (resume or vita) or the institution's general qualification requirements** for any **instructor** who delivers that course or seminar, on the institution's letterhead.
- √ Detailed **course outline** or syllabus to assure that the information clearly shows conforms with the education and experience requirements of QC1.
- √ Certificate of course completion, diploma or transcript indicating successful completion.

SAMPLE:

20 Contact hours I am claiming for this educational activity. No more than 40 contact hours for one course or seminar will be accepted.

Institution or provider name and contact information: Sample Institution 1234 Street Anywhere, USA 54321 Attn: Mr. Instructor Phone: 123-456-1234	Title of course or seminar: Welding Stuff 101
Is the certificate or transcript attached that shows my successful completion?	0
Is the course outline or syllabus attached that clearly shows that the event was related to the CWI body of knowledge defined by the Education and Experience requirements, ¶ 5 in QC1? (not required for items sponsored by AWS National that have predetermined credit for CWI renewal).	0
This is a course or seminar in which I participated as a student or attendee.	0
This is a course or seminar in which I was the instructor or presenter.	

Contact hours I am claiming for this educational activity. No more than 40 contact hours for one course or seminar will be accepted.

Institution or provider name and contact information:	Title of course or seminar:
Is the certificate or transcript attached that shows my successful completion?	
Is the course outline or syllabus attached that clearly shows that the event was related to the CWI body of knowledge defined by the Education and Experience requirements, ¶ 5 in QC1? (not required for items sponsored by AWS National that have predetermined credit for CWI renewal).	
This is a course or seminar in which I participated as a student or attendee.	
This is a course or seminar in which I was the instructor or presenter.	

LAST NAME:	FIRST NAME:
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Make copies of this sheet if necessary.

Contact hours I am claiming for this educational activity. No more than 40 contact hours for one course or seminar will be accepted.

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LAST NAME:	FIRST NAME:
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Is the certificate or transcript attached that shows my successful completion?	<input type="checkbox"/>
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This is a course or seminar in which I participated as a student or attendee.	<input type="checkbox"/>
This is a course or seminar in which I was the instructor or presenter.	<input type="checkbox"/>

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This is a course or seminar in which I participated as a student or attendee.	<input type="checkbox"/>
This is a course or seminar in which I was the instructor or presenter.	<input type="checkbox"/>

Total contact hours for all educational listings. (Maximum applicable number of contact hours is 80.)

LAST NAME:

FIRST NAME:

QUALIFYING WORK EXPERIENCE – NO RESUMES ACCEPTED

(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 9-Year Re-Certification.

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)		

EMPLOYMENT VERIFICATION

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 SECTION IF SELF EMPLOYED. SELF EMPLOYED APPLICANTS MUST PROVIDE TWO (2) NOTARIZED LETTERS OF REFERENCE FROM SEPARATE CLIENTS.

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 employed by (circle one)

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: _____

PROVISO: 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 shall be revealed. Yes No

NOTARIZATION. –APPLICATION MUST BE NOTARIZED.

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)



Visual Acuity Record

PLEASE PRINT IN BLUE OR BLACK INK

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: () _____