



CERTIFIED ROBOTIC ARC WELDING

(CRAW)

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):

CRAW Operator (CRAW-O) CRAW Technician (CRAW-T)

ARE YOU A CURRENT AWS MEMBER? NO YES

If yes, please provide AWS Member #

HAVE YOU TAKEN THE CWI CERTIFICATION EXAM? NO YES

If yes, exam date: exam location:

IF YOU ARE CURRENTLY CERTIFIED WITH AWS, PLEASE PROVIDE CERTIFICATION #: EXP. DATE:

Current CWI certification is a REQUIREMENT for the CRAW Technician certification. Failure to achieve and/or maintain CWI certification will result in the CRAW Operator certification ONLY.

METHOD OF PAYMENT

Check # Bill PO (Staple PO to front page of application)

VISA MC AMEX Diners Discover

Credit Card #

Credit card number grid

Exp. Date

Expiration date grid (Mo Day Yr)

Signature

AWS USE ONLY

Date Recv'd Acc't #

Amt \$ Site Code

Table with 3 columns: CRAW LEVELS, OPERATOR (CRAW-O), *TECHNICIAN (CRAW-T). Includes requirements for experience and education.

LAST NAME

Last name grid

FIRST NAME

First name grid

MI

MI grid

U.S. SOCIAL SECURITY NUMBER

Social Security number grid

INTERNATIONAL CANDIDATE PASSPORT NUMBER

Passport number grid

AGREEMENT TO SCHEDULE THE HANDS-ON PERFORMANCE TEST PRIOR TO SCHEDULING TO TAKE THE WRITTEN FUNDAMENTALS EXAM:

Please be advised that the written examination and performance test must occur within three months of each other. Applicants should review the written examination schedule, contact a CRAW-T and schedule the performance test so that it occurs within three months of the written examination. Applicants are totally responsible for scheduling the performance test. THIS APPLICATION WILL NOT BE PROCESSED WITHOUT PRIOR ARRANGEMENTS BEING MADE FOR THE PERFORMANCE TEST. Please complete the following statement below:

I have contacted a CRAW Technician and have arranged to take the hands-on performance test on Date of Exam

The name of the CRAW Technician is Name of Technician. Current CRAW Technician certificate number is Cert No.

PLEASE ASSIGN ME TO THE FOLLOWING WRITTEN EXAM ONLY:

The written fundamental examinations are held according to the published AWS Certified Welding Inspector examination schedule. Please consult the current schedule and indicate below your choice of examination location.

1st Site Code: Written Exam Date: City/State: *Application Submission Deadline:

*The Application Submission Deadline is (6) weeks BEFORE the scheduled exam date.

APPLICANTS MUST COMPLETE AND PASS THE WRITTEN EXAMINATION AND THE PERFORMANCE TEST WITHIN A THREE (3) MONTH PERIOD.

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

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STREET ADDRESS FOR CORRESPONDENCE

APT NO.

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CITY AND STATE/PROVINCE/COUNTRY

ZIP CODE

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HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

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FAX TELEPHONE NUMBER

E-MAIL

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

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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	X__ Structures
		Y__ Other _____
		Z__ Automation
		1__ Robotics
	C__ Nonferrous metals except aluminum	2__ Computerization of welding

LAST NAME:

FIRST NAME:

EDUCATIONAL LEVEL

For further information regarding the CRAW-O and CRAW-T educational requirements, please refer to the AWS D16.4:1999 Specification for the Qualification of Robotic Arc Welding Personnel and the AWS QC19:2002 Standard for the AWS Certification of Arc Welding Personnel.

PLEASE CHECK THE APPROPRIATE BOX BELOW:

<input type="checkbox"/> High school graduate or achieved GED certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	**MANDATORY FOR BOTH CRAW-O AND CRAW-T CERTIFICATIONS**
<input type="checkbox"/> (1) year diploma in welding or robotic instruction	<input type="checkbox"/> Yes <input type="checkbox"/> No	**MANDATORY FOR CRAW-O CERTIFICATION**
<input type="checkbox"/> (2) year Associate Degree in Welding/Robotics/Electrical or equivalent.	<input type="checkbox"/> Yes <input type="checkbox"/> No	**MANDATORY FOR CRAW-T CERTIFICATION**

QUALIFYING WORK EXPERIENCE – NO RESUMES ACCEPTED

- Minimum of (2) years welding experience for CRAW-O
- Minimum of (5) years welding experience with GMAW process for CRAW-T

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

Duplicate this section as needed to provide additional information for each one of your employers in order to meet the experience requirements for CRAW-O and/or CRAW-T 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)		

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: _____

PROVISO:

Upon obtaining my CRAW 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:

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**)