



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

AWS MEMBERSHIP AND CERTIFICATION INFORMATION:

ARE YOU A CURRENT AWS MEMBER? NO YES
If yes please provide AWS Member #:

ARE YOU OR WERE YOU A CWI OR CAWI? NO YES
CERTIFICATION #:

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

ARE YOU EMPLOYED BY AN AWS S.E.N.S.E. PROGRAM PARTICIPATING ORGANIZATION? NO YES

If yes, Facility Name:
(include a copy of the S.E.N.S.E. Certificate to qualify for a discount on fees)

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 \$

I have submitted written documentation from my teaching supervisor attesting that I have been an active Certified Welding Educator for at least (2) years of the last (4) years in the filed(s) of welding education, production, construction, inspection or repair.

(INITIALS)

CWE CERTIFICATION #:

PERSONAL INFORMATION:

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. #

CITY AND STATE/PROVINCE/COUNTRY ZIP CODE

HOME PHONE WORK PHONE

FAX NUMBER E-MAIL

ASSOCIATIONS

Table with 4 columns: TYPE OF BUSINESS, CHECK ONE BOX; JOB CLASSIFICATION, CHECK ONE BOX; FILL IN ORDER OF PRIORITY (1,2,3,ETC.) YOUR TECHNICAL INTERESTS; and YOUR COMPANY'S #1 PRODUCT/SERVICE.

PROVISO: Upon obtaining my CWE 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 hereby certify that I have read the requirements contained in the document QC 5-91 Standard for AWS Certification of Welding Educators. Further, I agree to comply with the existing requirements and any subsequent requirement 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 (Seal and/or stamp and sign. Required.)

# **AWS CERTIFIED WELDING EDUCATOR**

**YOU QUALIFY FOR RENEWING YOUR CWE CERTIFICATE IF YOU:**

- Submit written documentation from your teaching supervisor attesting that you have been an active Certified Welding Educator for at least (2) of the last (4) years in the filed(s) of welding education, production, construction, inspection or repair.
- Complete the CWE Renewal Application before the last day of the expiration month stated on your CWE wallet card and wall certificate.
- Mail your CWE Renewal Application to:



**American Welding Society**

**P.O. Box 440367 – Miami, Florida 33144-0367**

**305-443-9353 ext. 273 or 1-800-443-9353 ext. 273**

Contact the Certification Business Unit for any questions or assistance.