

TYPE OF BUSINESS (CHECK ONE ONLY) A <input type="checkbox"/> Contract construction B <input type="checkbox"/> Chemicals & allied products C <input type="checkbox"/> Petroleum & coal industries D <input type="checkbox"/> Primary metal industries E <input type="checkbox"/> Fabricated metal products F <input type="checkbox"/> Machinery except elect. (incl. gas welding) G <input type="checkbox"/> Electrical equip. supplies, electrodes H <input type="checkbox"/> Transportation equip. - air, aerospace I <input type="checkbox"/> Transportation equip. - automotive J <input type="checkbox"/> Transportation equip. - boats, ships K <input type="checkbox"/> Transportation equip. - railroad L <input type="checkbox"/> Utilities M <input type="checkbox"/> Welding distributors & retail trade N <input type="checkbox"/> Misc. repair services (incl. welding shops) O <input type="checkbox"/> Educational services (univ. libraries, schools) P <input type="checkbox"/> Engr. & architectural services (incl. assns.) Q <input type="checkbox"/> Misc. business services (incl. commercial labs) R <input type="checkbox"/> Governments (federal, state, local) S <input type="checkbox"/> other _____	JOB CLASSIFICATION (CHECK ONE ONLY) 01 <input type="checkbox"/> President, owner, partner, officer 02 <input type="checkbox"/> Manager, director, superintendent (or assistant) 03 <input type="checkbox"/> Sales 04 <input type="checkbox"/> Purchasing 05 <input type="checkbox"/> Engineer — welding 06 <input type="checkbox"/> Engineer — other 07 <input type="checkbox"/> Inspector, tester 08 <input type="checkbox"/> Supervisor, foreman 09 <input type="checkbox"/> Welder, welding or cutting operator 10 <input type="checkbox"/> Architect, designer 11 <input type="checkbox"/> Consultant 12 <input type="checkbox"/> Metallurgist 13 <input type="checkbox"/> Research & development 14 <input type="checkbox"/> Technician 15 <input type="checkbox"/> Educator 16 <input type="checkbox"/> Student 17 <input type="checkbox"/> Librarian 18 <input type="checkbox"/> Customer service 19 <input type="checkbox"/> Other _____	YOUR TECHNICAL INTERESTS (PLACE A NUMBER ON LINE IN CHOICE ORDER 1-2-3, ETC.) A _____ Ferrous metals B _____ Aluminum C _____ Non-fer. except aluminum D _____ Advanced matl/intermetmetalics E _____ Ceramics F _____ High energy Processes G _____ Arc Welding H _____ Brazing & Soldering I _____ Resistance Welding J _____ Thermal Spray K _____ Cutting L _____ NDT M _____ Safety & Health N _____ Pipe & Tubing O _____ Pressure Vessels & Tanks P _____ Structures Q _____ Roll Forming R _____ Sheet metal S _____ Stamping & punching T _____ Bending & shearing W _____ Machinery U _____ Aerospace X _____ Marine V _____ Automotive Y _____ Other
Major product or service of your company _____		

Name _____

5. QUALIFYING WORK EXPERIENCE

NOTE: DO NOT SUBMIT YOUR RESUME Please refer to the CWEng Education and Experience Requirements.

If you have held more than one position with the same employer, list each position, including dates, on a separate line in part B. Complete a work experience form for each employer, listing your present or most recent employer first.

MAKE AS MANY COPIES OF THIS FORM AS NEEDED.

WORK EXPERIENCE FORM							form ____ of ____		
A. EMPLOYER									
Company name _____			Dept./Division _____			email _____			
Supervisor/point of contact _____					Tel. No. _____				
PO Box/Street No. _____									
City _____		State/Province _____		Country _____		Zip/postal code _____			
								For AWS Staff use:	
B.	Job Title _____	From	month	year	To	month	year	Total # of years here	Total years recognized
	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____
Primary product or service at this employer:									
C. Experience Requirements.									
<ul style="list-style-type: none"> Check the box(es) below which best describe your main experience(s): Indicate the type of activity or function most closely related to your duties, (safety, design, metallurgy, welding/cutting/joining process, QA/QC) 									
<i>Sample...</i>									
x	Manufacturing		<i>Welding QA, designed welder qualification program, designed supplier qualification system.</i>						
	Manufacturing								
	Fabrication								

	Construction	
	Research & Development	
	Training	

E. Give a brief description of your activities and experience as they relate to the functions and activities of the CWEng.

Name _____

6. EDUCATIONAL BACKGROUND

- A.** Circle the highest grade and years attended at each level
1. Grade and high school (including vocational): 7/8/ 9/10/11/12
 2. After high school: trade or technical vocational 1/2/3/4
 3. College..... 1/2/3/4 more than 4

- B.** Complete the following if you graduated high school or earned a high school equivalency diploma.
1. Date of graduation/issue: _____
 2. Name of city and school/issuing agency: _____

List education below **You must attach supporting documentation** (e.g., copies of transcripts, diplomas , etc.). Please list only the items that are necessary to satisfy education requirements for CWEng certification.

Name and Address of Institution	Dates		Course of Study	If graduated, check one:
	From	To		
				<input type="checkbox"/> B.Sc. in engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> B.Sc. in eng. technology <input type="checkbox"/> A.S.S. degree <input type="checkbox"/> High school diploma
				<input type="checkbox"/> B.Sc. in engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> B.Sc. in eng. technology <input type="checkbox"/> A.S.S. degree <input type="checkbox"/> High school diploma
				<input type="checkbox"/> B.Sc. in engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> B.Sc. in eng. technology <input type="checkbox"/> A.S.S. degree <input type="checkbox"/> High school diploma
				<input type="checkbox"/> B.Sc. in engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> B.Sc. in eng. technology <input type="checkbox"/> A.S.S. degree <input type="checkbox"/> High school diploma

7. EXAMINATION SITE

PLEASE NOTE THE FOLLOWING CONDITION: I understand that if my application is not accepted within 25 days of the requested FIRST CHOICE test date I will be notified that my application is being considered for a later Test Date. I UNDERSTAND THAT PASSING PARTS 1 AND 2 DOES NOT QUALIFY ME FOR CERTIFICATION. I UNDERSTAND THAT I MUST PASS SUBSEQUENT PARTS 3 AND 4 AT A LATER DATE. I UNDERSTAND THAT IF I QUALIFY FOR PART 1 & 2 TEST EXEMPTION BY 1E, I AM APPLYING FOR EXAMINATION FOR PARTS 3 & 4 ONLY, AND, IF SUCCESSFUL, I WILL BE CERTIFIED AS AN AWS CWEng.

Your application will not be processed without your Employment Verification sheet.

- A. Nationwide: Indicate your first, second, and third choice for an examination site listed in the examination schedule.

1st Choice _____ 2nd Choice _____ 3rd Choice _____

- B. Special Examination: City _____ Date _____

- C. I wish to take my examination at the AWS headquarters in Miami, Florida. The date I prefer is _____ if the date is not available contact me at my daytime telephone: (_____) _____

8. PROVISIO:

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

9. NOTARIZATION

I hereby certify that I have read and fully understand the requirements contained in the CWEng Information. Further, I agree to comply with the existing requirements and any subsequent requirements, which may be instituted by AWS. I certify that the information I have included on this application and the letters submitted are true; I understand that any false statement 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. Further: I understand that the AWS Certified Welding Engineer credential DOES NOT imply the status of a registered Professional Engineer (P.E.) under the laws of any state or other governmental entity.

Signature _____ Date _____

Sworn to and subscribed before me, this _____ day of _____ AD 20 _____

My commission expires _____
Date Notary Public _____

Name _____

10. EMPLOYMENT VERIFICATION

Applicant, please enter your name and then forward to your supervisor for completion. Make as many copies of this form as necessary so each employer may use it to demonstrate the required years of experience. These forms must accompany your application.

Dear Supervisor:

_____ has applied for certification as an AWS Certified Welding Engineer. By making this application, they have stated that they have worked for you performing duties considered within the scope of welding engineering as checked below. This work experience is defined as one or more of the following and has been described by the applicant in the body of this application:

- Manufacturing.** Experience shall consist of the design, application, or operation of welding lines or cells for the manufacture of welded products such as automobiles, appliances, welded pipe, or other welded standard products.
- Fabrication.** Experience shall consist of the design, application, or operation of welding facilities that fabricate welded products. National, customer, or internal standards or specifications may cover fabricated products.
- Construction.** Experience shall consist of design on welding construction of projects such as buildings, pipelines, ships, plants and power generation facilities.
- Research and Development.** Experience shall consist of research and development to enhance welded products or processes, welding materials, manufacturing, fabrication, field erection of welded products or the design of welding manufacturing systems.
- Training.** Experience shall consist of the instruction of courses in various welding topics or related technologies.

Company name _____ Dept./Division _____

P. O. Box/Street No: _____ company email _____

City _____ State/Province _____ Zip _____ Tel. No.: _____

Comments:

I verify that _____, whose social security number
Print or type name of applicant
is _____, is/was employed by this company and does/did carry out the described
principle duties during the employment period(s) indicated on this application.

My name is _____ My job title is _____ Date _____
Print or Type

Signature _____

For verification, you may contact me by: phone _____ during these hours _____
 or by email (if different from above)