



Certified Welding Supervisor Program

The following documents are included in this package. Please scroll down to view documents or click on the [BLUE](#) link.

TABLE OF CONTENTS

- Certified Welding Supervisor Program Information
- Welding Supervisor Exam Application
- Certified Welding Supervisor Body of Knowledge
- [2009 AWS CWS Seminar and Exam Schedule/Price List](#)
- AWS Exam Cancellation Refund Policies and Other Fees
- [QC13: 2006, *Specification for the Certification of Welding Supervisors*](#)
- [B5.9: 2006, *Specification for the Qualification of Welding Supervisors*](#)



American Welding Society

550 NW LeJeune Rd Miami, Fl 33126
(800) 443-9353 or (305) 443-9353, ext. 273
FAXED APPLICATIONS ARE NOT ACCEPTED

CERTIFIED WELDING SUPERVISOR EXAM APPLICATION

<p>YOUR ORIGINAL AWS MEMBER #? _____</p> <p>HAVE YOU TAKEN THE CWI CERTIFICATION EXAM? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If yes, exam date: _____</p> <p>exam location: _____</p> <p>IF YOU WERE PREVIOUSLY CERTIFIED WITH AWS, PLEASE PROVIDE CERTIFICATION #: _____</p> <p>IS YOUR EMPLOYER CURRENTLY AN AWS CERTIFIED FABRICATOR? <input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p style="text-align: center;">METHOD OF PAYMENT</p> <p><input type="checkbox"/> Check or money order # _____</p> <p><input type="checkbox"/> Bill PO <i>(Please include a PO to the front of this application)</i></p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Diners <input type="checkbox"/> Discover</p> <p>Credit Card # <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </p> <p>Exp. Date <table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">Mo</td><td style="text-align: center;">Day</td><td style="text-align: center;">Yr</td><td colspan="3"></td></tr> </table> Signature </p> <p style="text-align: center;">AWS USE ONLY</p> <p>Date _____</p> <p>Acct # _____</p> <p>Amt \$ _____ CWS</p>																											Mo	Day	Yr			
Mo	Day	Yr																															

1. PERSONAL INFORMATION

LAST NAME	FIRST NAME	MI																																																												
<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
DATE OF BIRTH MM/DD/YY	U.S. SOCIAL SECURITY	INTERNATIONAL CANDIDATE PASSPORT NUMBER																																																												
<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
COMPANY NAME (ONLY IF COMPANY ADDRESS IS SHOWN BELOW)																																																														
<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																														
ADDRESS (COMPANY OR PERSONAL)		APT NO.																																																												
<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
CITY AND STATE / PROVINCE / COUNTRY		ZIP CODE																																																												
<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
HOME TELEPHONE NUMBER	WORK TELEPHONE	FAX TELEPHONE NUMBER																																																												
<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
E-MAIL ADDRESS																																																														
<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																														

PLEASE INDICATE THE FOLLOWING: **SEMINAR AND EXAM** **EXAM ONLY**

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

2nd Site Code: _____ Exam Date: _____ City/State: _____ *Submission Deadline: _____

3rd Site Code: _____ Exam Date: _____ City/State: _____ *Submission Deadline: _____

NOTE: AWS strongly recommends the applicant select 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 (6) weeks prior to the scheduled exam date. Applications that do not meet this criteria will be assessed a \$250 Fast Track fee to expedite the process and to accommodate the exam site requested. Please contact the Certification Department regarding this procedure.

2. ASSOCIATIONS

TYPE OF BUSINESS CHECK ONE BOX	JOB CLASSIFICATION CHECK ONE BOX	YOUR TECHNICAL INTERESTS FILL IN ORDER OF PRIORITY (1,2,3,ETC.)
A. <input type="checkbox"/> Contract Construction	01. <input type="checkbox"/> President, owner, partner, officer	A. ___ Ferrous metals
B. <input type="checkbox"/> Chemicals, Allied Products	02. <input type="checkbox"/> Manager, director, superintendent	B. ___ Aluminum
C. <input type="checkbox"/> Petroleum & Coal Industries	03. <input type="checkbox"/> Sales	C. ___ Nonferrous metals except aluminum
D. <input type="checkbox"/> Primary Metal Industries	04. <input type="checkbox"/> Purchasing	D. ___ Advanced materials, intermetallics
E. <input type="checkbox"/> Fabricated Metal Products	05. <input type="checkbox"/> Engineer – welding	E. ___ Ceramics
F. <input type="checkbox"/> Machinery except electrical	06. <input type="checkbox"/> Engineer – other	F. ___ High energy beam processes
G. <input type="checkbox"/> Electrical equipment, supplies, electrodes	07. <input type="checkbox"/> Inspector, tester	G. ___ Arc Welding
H. <input type="checkbox"/> Transport equipment, air, aerospace	08. <input type="checkbox"/> Supervisor, foreman	H. ___ Brazing and soldering
I. <input type="checkbox"/> Transport equipment, automotive	09. <input type="checkbox"/> Welder, welding or cutting operator	I. ___ Resistance welding
J. <input type="checkbox"/> Transport equipment, boats, ships	10. <input type="checkbox"/> Architect, designer	J. ___ Thermal spraying
K. <input type="checkbox"/> Transport equipment, railroad	11. <input type="checkbox"/> Consultant	K. ___ Cutting
L. <input type="checkbox"/> Utilities	12. <input type="checkbox"/> Metallurgist	L. ___ NDE
M. <input type="checkbox"/> Welding distributorship & retail trade	13. <input type="checkbox"/> Research and development	M. ___ Safety and health
N. <input type="checkbox"/> Misc. repair services inc. welding	14. <input type="checkbox"/> Technician	N. ___ Bending and shearing
O. <input type="checkbox"/> Education services inc. schools, libraries	15. <input type="checkbox"/> Educator	O. ___ Roll forming
P. <input type="checkbox"/> Engineering & architectural services	16. <input type="checkbox"/> Student	P. ___ Stamping and punching
Q. <input type="checkbox"/> Misc. business services inc. laboratories	17. <input type="checkbox"/> Librarian	Q. ___ Aerospace
R. <input type="checkbox"/> Governmental (federal, state, local)	18. <input type="checkbox"/> Customer service	R. ___ Automotive
S. <input type="checkbox"/> Other	19. <input type="checkbox"/> Other	S. ___ Machinery
YOUR COMPANY'S #1 PRODUCT/SERVICE		T. ___ Marine
		U. ___ Piping and tubing
		V. ___ Pressure vessels and tanks
		W. ___ Sheet Metal
		X. ___ Structures
		Y. ___ Other
		Z. ___ Automation
		AA. ___ Robotics
		BB. ___ Computerization of welding

LAST NAME:

FIRST NAME:

3. QUALIFYING WORK EXPERIENCE – NO RESUMES ACCEPTED

Education and experience requirements are detailed in the *AWS B5.9:2000 Specification for the Qualification of Welding Supervisors*.

Experience: Three years requirement of practical experience in the welding-related industry in an occupational function that has a direct relationship with weldments fabricated to a code, specification, or other standard, and is directly involved in at least one of the following: Design, Production, Construction, Inspection, or Repair. Please document three years of qualifying experience in the spaces below.

Experience Alternative: Three years of teaching experience may be substituted for a maximum of one year of the practical experience requirement with proper documentation (e.g. photocopied summaries of subject taught, teaching certificates, and letters of reference). Relevant experience shall be considered on the following basis: teaching full-time (or teaching part-time at a full-time equivalence) in a trade, technical school, college or university, the occupational skill of welding or subjects relating to welding, its application, control, materials, and processes.

CHECK HERE ONLY IF SUBSTITUTION OF TEACHING EXPERIENCE IS SUBMITTED.

EDUCATIONAL LEVEL – APPLICANTS APPLYING FOR THE CWS EXAMINATION MUST BE A HIGH SCHOOL GRADUATE OR HAVE ACHIEVED A GED CERTIFICATE. PLEASE VERIFY EDUCATION LEVEL BELOW.

High school graduate or achieved GED certificate **MUST** document at least three years of work experience in the **Qualifying Work Experience Section** below ****Refer to the B5.9:2000****

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

**** NOTE: PLEASE DUPLICATE THIS PAGE FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE WORK EXPERIENCE REQUIREMENTS FOR CWS ELIGIBILITY.**

MOST RECENT EMPLOYER

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.		

LAST NAME:

FIRST NAME:

4. EMPLOYMENT VERIFICATION

PLEASE HAVE THIS SECTION COMPLETED BY A SUPERVISOR OR PERSONNEL MANAGER FROM YOUR MOST RECENT EMPLOYER. IF YOU ARE SELF-EMPLOYED, YOU MUST INSTEAD SUBMIT TWO NOTARIZED LETTERS OF REFERENCE FROM SEPARATE CLIENTS.

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: _____

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 on this application during the employment periods submitted on this application.

My name is: _____ My job title is: _____

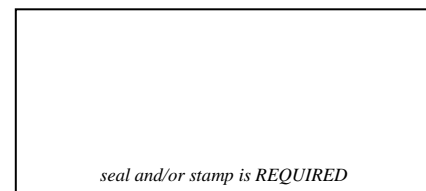
Signature: _____ Date: _____

5. TESTIMONIAL: *(Applicants must read and sign the following statement in front of a notary)*

I hereby certify that I have read the requirements contained in the documents AWS B5.9:2000 Specification of Qualification of Welding Supervisor and QC13:2005 Standard for AWS Certification of Welding Supervisors. 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. 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 that any information that is incomplete or missing will consider this application on conditional basis in which it will render the release of my test results.

Applicant's Signature _____ Sworn to and subscribed before me this
_____ day of _____ 200____. My commission expires _____

Notary Public Signature _____





BODY OF KNOWLEDGE

AWS Certified Welding Supervisor

Candidates are required to take and pass two 2-hour written examinations. One exam is titled *Fundamentals of Welding Supervision* and consists of 150 questions. The second part is titled *Welding Practices and Economics* and consists of 30 questions. The candidates must score 70% on each of the two examinations parts. The candidates are allowed to use any books they feel necessary to take the exams.

The weighting for the subject areas specified in Section 4 of AWS B5.9, *Specification for the Qualification of Welding Supervisors*, are listed below expressed in terms of approximate percentage of questions used on the written examinations.

- 6.2.1 Knowledge of Welding Supervision – 5%
- 6.2.2 Understanding of Drawings and Specifications – 10%
- 6.2.3 Knowledge of Base Material and Welding Materials – 5%
- 6.2.4 Familiarity with Welding, Brazing, Cutting Equipment, Theory and Application – 5%
- 6.2.5 Knowledge of Safety Requirements – 10%
- 6.2.6 Welding Instructions – 10%
- 6.2.7 Knowledge of Welding Practices and Production Controls – 10%
- 6.2.8 Welding Inspection – 5%
- 6.2.9 Work Reports and Records – 5%
- 6.2.10 Understanding the General Applications of Welding Standards – 5%
- 6.2.11 Productivity and Performance – 30%

AWS-RECOMMENDED Certified Welding Supervisor Examinations Preparation

SELF-STUDY MATERIAL

AWS PUBLICATIONS	ORDER NUMBER
Standard Symbols for Welding	AWS A2.4-98
Standard Welding Terms and Definitions	AWS A3.0:2001
Economics of Welding and Cutting	ARE-12
Certification Manual for Welding Supervisors	CMWS:2005
Safety in Welding Cutting, and Allied Processes	ANSI Z49.1:2005



AWS EXAM CANCELLATION REFUND POLICIES AND OTHER FEES

CANCELLATION REFUND POLICY FOR SEMINAR ONLY

Cancellations must be in writing and received two weeks prior to the first day of the seminar. Registrants will be refunded in full, less a **\$75 administrative fee**. If your cancellation notice is received less than two weeks prior to the seminar, you will be refunded your registration fee, less **\$175 administrative fee**. Substitutions or transfers to another site with two weeks notice are complimentary. No shows forfeit all registration fees.

CANCELLATION REFUND POLICY FOR BOTH SEMINAR AND EXAM

Cancellations must be in writing and received 2 weeks prior to the first day of the seminar. Registrants will be refunded in full, less a **\$75 administrative fee**. Registrants canceling less than 2 weeks before the first day of the seminar will be refunded the registration fee less a **\$315 administrative fee**. No shows forfeit all fees. AWS reserves the right to cancel any exam preparation seminar and/or exam if there are an insufficient number of participants. In the event of cancellation by AWS, all fees will be refunded in full, or the participant may transfer to the next available seminar. In either case, AWS shall have no further liability.

CANCELLATION REFUND POLICY FOR EXAM ONLY

The Certification Business Unit **MUST** receive cancellation Request Forms no later than 2 weeks prior to the exam date. If your cancellation is received less than 2 weeks prior, you will be refunded the full amount less a **\$140 exam cancellation fee**.

PROCESSING FEE

Included with all certification exam prices, there is a **\$75 processing fee**. If you do not qualify to sit for the AWS certification exam, you will be refunded in full less a **\$75 processing fee**.

FAST TRACK PROCESS FEE

Application Submission Deadline is 6 weeks prior to the scheduled test date. However, if your application is received after the 6 weeks period, AWS will expedite your application process in order to accommodate you for your requested test site. A **\$250 Fast Track Process Fee** will be assessed for this service. Please note that AWS cannot guarantee space at a test site once test materials have been shipped.

RESCHEDULING EXAM FEE

Once an application is qualified and processed, a **\$140 rescheduling fee** will be assessed if an applicant requests a test site change within 2 weeks of the exam date. A Request to Change Test Site Location Form must be completed and received by the Certification Business Unit within 2 weeks of the exam date.

EXAM NO SHOW PENALTY FEE

If an individual fails to cancel, he/she agrees to forfeit all fees.

AWS RECOMMENDS YOU USE PRIORITY MAIL WITH TRACKING OPTION WHEN SUBMITTING YOUR APPLICATION.

FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE

In accordance with the **Americans with Disabilities Act (ADA)**, AWS strives to accommodate all participants with special needs. If you require assistance, please inform the AWS Certification Department, (800) 443-9353, ext. 273, well in advance of the date of the exam.