



# American Welding Society

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

# CERTIFIED WELDING SALES REPRESENTATIVE (CWSR) APPLICATION

| LAST NAME |  |  |  |  |  |  |  |  |  | FIRST NAME |  |  |  |  |  |  |  |  |  | MI |  |
|-----------|--|--|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|--|----|--|
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### 1. PLEASE INDICATE THE EXAM LOCATION OF YOUR CHOICE<sup>1,2</sup>:

Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ Submission Deadline<sup>1</sup>: \_\_\_\_\_

Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ Submission Deadline<sup>1</sup>: \_\_\_\_\_

Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ Submission Deadline<sup>1</sup>: \_\_\_\_\_

**NOTE:** <sup>1</sup>The application submission deadline is six weeks prior to the scheduled exam date (please see exam schedule for submission deadlines). Applicants who do not meet this criterion must contact the Certification Department for Fast Track processing procedure, and an additional fee will apply.  
<sup>2</sup>Exam-only applicants have the choice to take the CWSR exam at a CWSR seminar site or any CWI site.

### 2. PLEASE CHECK AND COMPLETE THE FOLLOWING:

YOUR ORIGINAL AWS MEMBER # \_\_\_\_\_

HAVE YOU OBTAINED AN AWS CERTIFICATION?  NO  YES

If so, Certification #: \_\_\_\_\_

Certification Type:

SCWI  CWI  CAWI  CWE  CWS  CRAW

### 3. SEMINAR & EXAM OPTIONS (check one)

**2009 Seminars and Exam**

Miami, FL Event

Seminar: October 21-23, 2009 **Exam:** October 23, 2009

Chicago Show Event

Seminar: November 16-18, 2009 **Exam:** November 18, 2009

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**2010 Seminars and Exam**  
( see 2010 schedule and indicate in section 1 ):

**Seminar:** Thursday & Friday: 8 AM to 5 PM  
**Exam:** Saturday: 8 AM to 12 PM

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**EXAMINATION ONLY<sup>2</sup>**

### 4. METHOD OF PAYMENT AWS USE ONLY

|  |   |
|--|---|
| <input type="checkbox"/> Bill Me / PO (Staple PO to front page of application)<br><input type="checkbox"/> Check or money order # _____<br><input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Diners <input type="checkbox"/> Discover<br>CC#: _____ / _____ / _____ / _____ Exp: _____ / _____<br><br>SIGNATURE _____ | Acct #: _____<br>Date: _____<br>Amt\$: _____<br>QCA |
|--|---|



|            |             |
|------------|-------------|
| LAST NAME: | FIRST NAME: |
|------------|-------------|

**7. EDUCATION AND EXPERIENCE REQUIREMENTS**

|   |
|---|
| 1. High school graduate or achieved GED certificate.  |
| 2. Have no fewer than two year of experience in an occupational function in direct relation to the sales of welding equipment, cutting equipment, and supplies and other related services.  |
| 3. Have a training certificate of completion for welding processes, cutting processes, and filler metal if he or she has less than five years of experience in an occupational function in direct relation to the sales of welding equipment, cutting equipment, and supplies and other related services. |
| Provide verifiable evidence the requirements of (1), (2), and (3) above have been met.  |

**8. QUALIFYING WORK EXPERIENCE – RESUMES NOT ACCEPTED**

**NOTE: IF NEEDED, PLEASE DUPLICATE THIS SECTION FOR ADDITIONAL EMPLOYERS TO VERIFY THE QUALIFYING WORK EXPERIENCE REQUIREMENTS FOR CWSR ELIGIBILITY.**

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

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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 |
|--|-----------------|---------------|
|  |                 |               |
|  |                 |               |

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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 |
|--|-----------------|---------------|
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|  |                 |               |

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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 |
|--|-----------------|---------------|
|  |                 |               |
|  |                 |               |

LAST NAME:

FIRST NAME:

**9. EMPLOYMENT VERIFICATION:** (this section to be completed by a supervisor or personnel manager from the most recent employer)

\*\* NOTE: SELF-EMPLOYED OR CONTRACT APPLICANTS MUST SUBSTITUTE THIS SECTION WITH TWO LETTERS OF REFERENCE ON COMPANY LETTERHEAD FROM SEPARATE CLIENTS ATTESTING TO THE NATURE OF WORK ASSIGNMENTS DURING THE CONTRACT OR EMPLOYMENT PERIOD. IF THE EMPLOYER IS NO LONGER IN BUSINESS, PLEASE INCLUDE A COPY OF A W2 FORM.

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: \_\_\_\_\_

You verify that \_\_\_\_\_ is or was an employee at your company and conducts the duties during the employment periods stated in this application?  No  YES

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**10. TESTIMONIAL BY APPLICANT**

I hereby certify I have read the requirements contained in AWS QC14, *Specification for the Certification of Welding Sales Representatives*. Further, I agree to comply with the existing requirements and any subsequent requirements that may be instituted by AWS. I certify the information I have included in this application is true. I understand any false statements will nullify this application. I further understand that if any information is incomplete or missing, my application will not be processed until all documentation is complete. Therefore, the examination will not be scheduled until all obligations are fulfilled. I agree to comply with the provisions set forth in AWS QC14 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.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**THE FOLLOWING IS TO BE COMPLETED BY THE NOTARY PUBLIC**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

My commission expires \_\_\_\_\_ Notary Public Signature \_\_\_\_\_ (seal and/or stamp is REQUIRED)