



# APPLICATION TO BECOME AN AWS ACCREDITED WELDING FABRICATOR

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

To: **Certification Department  
American Welding Society  
550 N.W. LeJeune Road  
Miami, Florida 33126**

We request the American Welding Society (AWS) accredit the following facility as a participant in the AWS Certified Welding Fabricator Program in accordance with provisions of AWS QC17 *Standard for Accreditation of Welding Fabricators for AWS Certified Welding Fabricator Program*.

Name of Facility: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Application Fee:                      Enclosed

Quality Manual:                      Enclosed

Checklists:                              Enclosed

Preferred Audit Dates: (1) \_\_\_\_\_ (2) \_\_\_\_\_

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Contact Name (Print): \_\_\_\_\_

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

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