

LAST NAME:**FIRST NAME:****ASSOCIATIONS**

CHECK ONE BOX. TYPE OF BUSINESS	CHECK ONE BOX. JOB CLASSIFICATION	
A. <input type="checkbox"/> Contract Construction	01 <input type="checkbox"/> President, owner, partner, officer	D__ Advanced materials, intermetallics
B. <input type="checkbox"/> Chemicals, Allied Products	02 <input type="checkbox"/> Manager, director, superintendent	E__ Ceramics
C. <input type="checkbox"/> Petroleum & Coal Industries	03 <input type="checkbox"/> Sales	F__ High energy beam processes
D. <input type="checkbox"/> Primary Metal Industries	04 <input type="checkbox"/> Purchasing	G__ Arc welding
E. <input type="checkbox"/> Fabricated Metal Products	05 <input type="checkbox"/> Engineer – welding	H__ Brazing and soldering
F. <input type="checkbox"/> Machinery except electrical	06 <input type="checkbox"/> Engineer – other	I__ Resistance welding
G. <input type="checkbox"/> Electrical equipment, supplies, electrodes	07 <input type="checkbox"/> Inspector, tester	J__ Thermal spraying
H. <input type="checkbox"/> Transport equip., air, aerospace	08 <input type="checkbox"/> Supervisor, foreman	K__ Cutting
I. <input type="checkbox"/> Transport equip., automotive	09 <input type="checkbox"/> Welder, welding or cutting operator	L__ NDE
J. <input type="checkbox"/> Transport equip., boats, ships	10 <input type="checkbox"/> Architect, designer	M__ Safety and health
K. <input type="checkbox"/> Transport equip., railroad	11 <input type="checkbox"/> Consultant	N__ Bending and shearing
L. <input type="checkbox"/> Utilities	12 <input type="checkbox"/> Metallurgist	O__ Roll forming
M. <input type="checkbox"/> Welding distributorship & retail trade	13 <input type="checkbox"/> Research and development	P__ Stamping and punching
N. <input type="checkbox"/> Misc. repair services inc. welding shops	14 <input type="checkbox"/> Technician	Q__ Aerospace
O. <input type="checkbox"/> Education services inc. schools, libraries	15 <input type="checkbox"/> Educator	R__ Automotive
P. <input type="checkbox"/> Engineering & architectural services	16 <input type="checkbox"/> Student	S__ Machinery
Q. <input type="checkbox"/> Misc. business services inc. laboratories	17 <input type="checkbox"/> Librarian	T__ Marine
R. <input type="checkbox"/> Governmental (federal, state, local)	18 <input type="checkbox"/> Customer service	U__ Piping and tubing
S. <input type="checkbox"/> Other _____	19 <input type="checkbox"/> Other _____	V__ Pressure vessels and tanks
YOUR COMPANY'S #1 PRODUCT/SERVICE:	FILL IN ORDER OF PRIORITY (1, 2, 3 ETC.) YOUR TECHNICAL INTERESTS	W__ Sheet metal
		X__ Structures
	A__ Ferrous metals	Y__ Other _____
	B__ Aluminum	Z__ Automation
	C__ Nonferrous metals except aluminum	1__ Robotics
		2__ Computerization of welding

PROVISO: Upon obtaining my SCWI 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



Visual Acuity Record

PLEASE PRINT IN BLUE OR BLACK INK

ATTACH THIS COMPLETED RECORD TO YOUR MAIN APPLICATION

P.O. Box 440367 ♦ Miami, Fl 33144-0367 ♦ (800) 443-9353, ext. 273 ♦ (305) 443-9353, ext. 470

NAME OF APPLICANT: _____ SOCIAL SECURITY NUMBER: _____
(or international passport number)

CERTIFICATION NUMBER (IF CERTIFIED): _____ EXAM DATE/LOCATION: _____

TO ALL CERTIFICATION EXAMINATION CANDIDATES:

You **must** use the services of an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse, or Certified Physician's Assistant to administer **your required** eye examination. The examination must occur **within the seven (7) months prior to the scheduled date** of the applicant's welding inspection examination or re-certification anniversary date. Please attach this completed record to your main application and send to AWS, and **keep a copy for your files**.

All applicants must pass an eye examination, **with or without** corrective lenses, to prove near vision acuity on Jaeger J2 at 12 in. to 17 in (30.48cm to 43.18cm). All applicants shall take a color perception test. Eye examination results shall be submitted on record forms furnished by the AWS Certification Business Unit.

AWS will not accept visual acuity test results that do not comply with regulations. AWS will not release your exam results without a completed visual acuity record on file. Applicants may submit completed visual acuity records at the exam location.

TEST RESULTS

Applicant possesses near vision acuity on Jaeger J2 (letters .37cm in size) at a distance of 12 in. to 17 in. (30.48cm to 43.18cm)?

- WITHOUT CORRECTION (O*)
- WITH CORRECTION (W*)

Through a color perception examination, has it been determined that the applicant is colorblind?

- YES (B*)
- NO (C*)

*FOR CERTIFICATION INTERNAL PURPOSES.

ATTEST TO

I certify that I, _____ administered an eye examination to the
(print eye examiner's name)
applicant _____ on _____ which
(print applicant's name) (date)

demonstrated the vision capabilities indicated above.

PLEASE IDENTIFY YOUR PROFESSIONAL STATUS BY CHECKING ONE OF THE FOLLOWING:

- Ophthalmologist
- Optometrist
- Medical Doctor
- Registered Nurse
- Certified Physician's Assistant

STATE/PROV. LICENSE NUMBER: _____

PROFESSIONAL MAILING ADDRESS: _____

CITY: _____ ST/PROV.: _____ ZIP: _____ COUNTRY: _____

SIGNATURE OF EYE EXAMINER: _____ CONTACT TELEPHONE NUMBER: () _____