

LAST NAME:

FIRST NAME:

ASSOCIATIONS

CHECK ONE BOX. TYPE OF BUSINESS	CHECK ONE BOX. JOB CLASSIFICATION	FILL IN ORDER OF PRIORITY (1,2,3,ETC) YOUR INTERESTS
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 equip., air, aerospace	08 <input type="checkbox"/> Supervisor, foreman	H__ Brazing and soldering
I. <input type="checkbox"/> Transport equip., automotive	09 <input type="checkbox"/> Welder, welding or cutting operator	I__ Resistance welding
J. <input type="checkbox"/> Transport equip., boats, ships	10 <input type="checkbox"/> Architect, designer	J__ Thermal spraying
K. <input type="checkbox"/> Transport equip., 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 shops	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

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QUALIFYING WORK EXPERIENCE – NO RESUMES ACCEPTED

(Please refer to the QCI:96 for further information concerning the SCWI Qualifying Work Experience Requirements)

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

Total number of years experience directly related to welding (either in design, production, construction, QC, QA, inspection or repair): _____
(Years) (Months) *(please document work experience in section below)*

Total number of years held in a supervisory position(s): _____
(Years) (Months) *(Please document work experience in section below)*

MOST RECENT EMPLOYER

Duplicate this section as needed to provide additional information for each one of your employers in order to meet the experience requirements for SCWI eligibility.

Company Name: _____ Dept/Div.: _____

Supervisor/Personnel Manager: _____ Telephone: () _____

Mailing Address: _____

City: _____ ST/Prov.: _____ Zip: _____ Country: _____

Supervisor/ Personnel Manager’s e-mail: _____

JOB TITLE	FROM MONTH/YEAR	TO MONTH/YEAR
1.		
2.		
3.		
4.		
5.		

COMPANY PRODUCTS

Is your employer’s products fabricated in accordance with:

- a company standard
- a US standard
- an international standard
- no standard

YOUR DUTIES AND RESPONSIBILITIES

Check the boxes below, which describe your main job duties:

- Prepare welding plans and/or drawings
- Perform, supervise or monitor joint preparation for weldment fabrication
- Supervise or monitor weldment fabrication and/or repairs
- Perform, supervise, monitor, witness, and/or approve inspection of fabricated weldments
- Train inspectors to inspect weldments
- Plan or control materials, procedures, and operations for weldment fabrication
- Perform, supervise, monitor, witness, and/or approve inspection of joint preparation
- Develop welding inspection procedures
- Train welders to fabricate weldments

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PLEASE HAVE THIS SECTION COMPLETED BY YOUR SUPERVISOR OR PERSONNEL MANAGER OF YOUR MOST RECENT EMPLOYER. **IMPORTANT. THIS PAGE MUST BE MAILED WITH YOUR APPLICATION. DO NOT SEND SEPARATELY. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS COMPLETED SECTION. DO NOT USE THIS PAGE IF SELF-EMPLOYED. SELF-EMPLOYED APPLICANTS MUST PROVIDE TWO (2) NOTARIZED LETTERS OF REFERENCE FROM SEPARATE CLIENTS.**

EMPLOYMENT VERIFICATION

Employee's last name: _____ First name: _____ MI: _____

Company Name: _____ Dept/Div.: _____

Mailing Address: _____

City: _____ ST/Prov.: _____ Zip: _____ Country: _____

Supv/ Personnel Mgr E-mail: _____ Supv/Personnel Mgr Phone: () _____

PLEASE PRINT EXCEPT FOR SIGNATURE

I verify that: _____, whose social security number is: _____ is / was employed by
(circle one)

this company and conducted the duties submitted in this application during the employment periods submitted in this application.

My name is: _____ My job title is: _____

Date: _____ Signature: _____

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

NOTARIZATION.

I hereby certify that I have read the requirements contained in the document QC1 *Standard for AWS Certification of Welding Inspectors*. 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.

Applicant's Signature _____ Sworn to and subscribed before me this _____ day of _____ 200__

My commission expires _____ Notary Public Signature _____ (Seal and/or stamp is **required**)



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. 273

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: () _____