Name:_____ **Certification #**:_____

American Welding Society
550 NW LEJEUNE RD MIAMI, FL 33126
(800) 443-9353 FAX (305) 443-6445

CERTIFICATION ORDERING FORM

Please mail or fax to the Certification Department

Certified Welder (CW): ☐ **Wallet Card**

Endorsement (SIE) _____: ☐ **Certificate** ☐ **Wallet Card** ☐ **Test Results**
(***Please specify code***)

Certified Welding Educator (CWE): ☐ **Certificate** ☐**Wallet Card** ☐**Test Results**

Certified Welding Supervisor (CWS): ☐ **Certificate** ☐ **Wallet Card** ☐ **Test Results**

Certified Welding Sales Representative (CWSR): ☐ **Certificate** ☐ **Wallet Card** ☐ **Test Results**

Certified Radiographic Interpreter (CRI): ☐ **Certificate** ☐ **Wallet Card** ☐ **Test Results** ☐ **Visual Acuity Record** ☐ **Stamp**

Certified Welding Inspector (CWI): ☐ **Certificate** ☐ **Wallet Card** ☐ **Test Results** ☐ **Visual Acuity Record** ☐**Stamp**

Senior Certified Welding Inspector (SCWI): ☐ **Certificate** ☐ **Wallet Card** ☐ **Test Results** ☐ **Visual Acuity Record** ☐**Stamp**

Pricing Chart

DESCRIPTION	UNIT PRICE	Quantity
Certificate	**10.00**	
Wallet Card	**10.00**	
Test Results (***only*** within last 3 years)	**10.00**	
Visual Acuity Record (***only*** within current calendar year)	**10.00**	
SCWI / CWI Stamp	**30.00**	
Total		

Please allow (4) weeks for shipping and handling

METHOD OF PAYMENT (*PAYMENT MUST BE SUBMITTED WITH FORM*):

☐Check # _____ ☐Visa ☐MasterCard ☐American Express ☐Diners Club ☐Discover

Credit Card # | | | | | | | | | | | | | | | |

Expiration Date: | | / | | | / | | |
Mo Day Yr

_____
Signature

SHIPPING ADDRESS (*THIS WILL NOT CHANGE YOUR ADDRESS ON FILE*):

Last Name: _____ **First Name:** _____ **MI** ____

Company (if using company address): _____

Street Address: _____

City/Province: _____ **State:** _____ **Zip:** _____ **Country:** _____

Home Phone: _____ **Work Phone:** _____

AWS USE ONLY					
Date Received:		**Date Processed:**		**Processed By:**	