



Faxed or emailed applications are **NOT** accepted

YOUR ORIGINAL AWS MEMBER # _____ CERTIFICATION # _____

Last Name _____ First Name _____ MI _____

Mailing Address _____

City, State Zipcode _____

U.S. SOCIETY SECURITY # _____ DATE OF BIRTH MM/DD/YY _____ HOME TELEPHONE NUMBER _____ CELL TELEPHONE NUMBER _____

Email Address (Confirmation package will be sent to this address) _____

ASSOCIATIONS

Type of Business (check only ONE)	Job Classification (check only ONE)	Technical Interest (check all that apply)	
A <input type="checkbox"/> Contract construction	01 <input type="checkbox"/> President, owner, partner, officer	<input type="checkbox"/> Ferrous metals	<input type="checkbox"/> Pressure Vessels & Tanks
B <input type="checkbox"/> Chemicals & allied products	02 <input type="checkbox"/> Manager, director, superintendent (or assistant)	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Structures
C <input type="checkbox"/> Petroleum & coal industries	03 <input type="checkbox"/> Sales	<input type="checkbox"/> Non-ferrous except aluminum	<input type="checkbox"/> Roll Forming
D <input type="checkbox"/> Primary metal industries	04 <input type="checkbox"/> Purchasing	<input type="checkbox"/> Advanced materials/intermetallics	<input type="checkbox"/> Sheet metal
E <input type="checkbox"/> Fabricated metal products	05 <input type="checkbox"/> Engineer — welding	<input type="checkbox"/> Ceramics	<input type="checkbox"/> Stamping & punching
F <input type="checkbox"/> Machinery except elect. (incl. gas welding)	06 <input type="checkbox"/> Engineer — other	<input type="checkbox"/> High energy Processes	<input type="checkbox"/> Bending & shearing
G <input type="checkbox"/> Electrical equip., supplies, electrodes	07 <input type="checkbox"/> Inspector, tester	<input type="checkbox"/> Arc Welding	<input type="checkbox"/> Aerospace
H <input type="checkbox"/> Transportation equip. - air, aerospace	08 <input type="checkbox"/> Supervisor, foreman	<input type="checkbox"/> Brazing & Soldering	<input type="checkbox"/> Automotive
I <input type="checkbox"/> Transportation equip. - automotive	09 <input type="checkbox"/> Welder, welding or cutting operator	<input type="checkbox"/> Resistance Welding	<input type="checkbox"/> Machinery
J <input type="checkbox"/> Transportation equip. - boats, ships	10 <input type="checkbox"/> Architect, designer	<input type="checkbox"/> Thermal Spray	<input type="checkbox"/> Marine
K <input type="checkbox"/> Transportation equip. - railroad	11 <input type="checkbox"/> Consultant	<input type="checkbox"/> Cutting	<input type="checkbox"/> Other
L <input type="checkbox"/> Utilities	12 <input type="checkbox"/> Metallurgist	<input type="checkbox"/> NDT	<input type="checkbox"/> Automation
M <input type="checkbox"/> Welding distributors & retail trade	13 <input type="checkbox"/> Research & development	<input type="checkbox"/> Safety & Health	<input type="checkbox"/> Robotics
N <input type="checkbox"/> Misc. repair services (incl. welding shops)	14 <input type="checkbox"/> Technician	<input type="checkbox"/> Pipe & Tubing	<input type="checkbox"/> Computerization of Welding
O <input type="checkbox"/> Educational Services (univ., libraries, schools)	15 <input type="checkbox"/> Educator		
P <input type="checkbox"/> Engineering & architectural services (incl. assns.)	16 <input type="checkbox"/> Student		
Q <input type="checkbox"/> Misc. business services (incl. commercial labs)	17 <input type="checkbox"/> Librarian		
R <input type="checkbox"/> Government (federal, state, local)	18 <input type="checkbox"/> Customer service		
S <input type="checkbox"/> Other	19 <input type="checkbox"/> Other		
	20 <input type="checkbox"/> Engineer - design		
	21 <input type="checkbox"/> Engineer - manufacturing		
	22 <input type="checkbox"/> Quality Control		

Renewal Fees - Please visit our website <http://www.aws.org/certification/pricelist/>

Method of Payment- Checks made payable to AWS

Full payment must accompany application

Check or Money Order # _____ Visa MC AMEX Discover Diners

Credit Card # _____ / _____ / _____ Exp. Date _____ / _____

Signature _____

AWS USE ONLY	
Acct # _____	
Date _____	
Amt\$ _____	

EXPERIENCE RECORDS

The period of validity for the AWS CRI is three (3) years. To be eligible for recertification, the CRI must provide evidence of continuous satisfactory technical performance by performing the following:

- Submit evidence of a current satisfactory vision examination.
- The CRI must satisfy at least **one** the following:
 - 1) Submit documented evidence of at least 2 months (350 hours) experience performing specific duties of a CRI as described in AWS B5.15. The documentation must be attested to by the employer or client for whom the duties were performed. This experience shall have been performed during the immediate preceding three-year certification.
 - 2) Submit documented evidence of at least 4 weeks (160 hours) of teaching experience in radiographic interpretation covering the body of knowledge as described in AWS B5.15. The documentation must be attested to by the employer or client for whom the teaching was performed.
 - 3) Successfully complete the current practical (film interpretation) examination.

(REPRODUCE THIS FORM AS NECESSARY TO RECORD THE CLAIMED EXPERIENCE.)

QUALIFYING WORK EXPERIENCE – RESUMES NOT ACCEPTED

**** NOTE:** PLEASE DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE QUALIFYING WORK EXPERIENCE REQUIREMENTS FOR CRI ELIGIBILITY.

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

Company Name	Type of Business	Company Phone Number	
Company Street Address		City, State, Zip Code	
Supervisor's Name		Title of Immediate Supervisor	
Supervisor's Email Address		Department	
Applicant's Job Title	Employed From: (Mo.) (Yr.)	To: (Mo.) (Yr.)	
Job Responsibilities- Detailed Description Required*			

Supervisor's Name: _____ Title: _____

Supervisor's Signature: _____ Date: _____

VISUAL ACUITY

All applicants must submit evidence of visual acuity as noted on a completed AWS Visual Acuity Form that must be attached to this application dated no more than seven (7) months prior to the date of the certification examinations.

PHOTOGRAPHIC IDENTIFICATION

Applicants for the AWS Radiographic Interpreter certification must submit two (2) passport-style color photographs stapled to this application. Please print and sign your name on the reverse of each photograph.

TESTIMONIAL (this section must be completed or application will be rejected)

I hereby certify that I have read the requirements contained in the AWS B5.15, *Specification for the Qualification of Radiographic Interpreters*. Further, I agree to comply with the existing requirements and any subsequent requirements instituted by AWS. I have read and agree to the terms and conditions set forth in the *AWS Policies and Fees* form. 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. 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 _____ the year _____.
My commission expires _____ Notary Public Signature _____ <small>(seal and/or stamp is REQUIRED)</small>

AWS Policies and Fees - Please visit our website <http://www.aws.org/certification/policiesfees/>



Certified Radiographic Interpreter Activity Log

Enclosed with this letter is a CRI Activity Log for your use. In order to maintain your certification, it is imperative that you maintain an Activity Log demonstrating your continued activity. Upon your 3 year re-certification, you will be **required** to provide us with this Activity Log along with your CRI Re-Certification Application in order to qualify. The responsibility of the Activity Log rests solely with the certificate holder and certification may be revoked if the Activity Log is found to be fraudulent.

When mailing your activity log and application we recommend using priority mail with tracking options. Please send your application package to:

**American Welding Society
Certification Department
550 NW LeJeune Road
Miami, Florida 33126**

PLEASE RETAIN A COPY OF ALL DOCUMENTS MAILED TO AWS.

Again, congratulations on your new certification accomplishment. We at the American Welding Society appreciate your patronage and look forward to a long-standing relationship with you and your certification endeavors.

Should you have any questions, or required further information, please feel free to contact the Certification Department at 800-443-9353, ext. 273.



CRI Activity Log

The completion and maintenance of this Activity Log is the sole responsibility of the certificate holder and is the method by which continued activity will be demonstrated for purposes for CRI Re-certification. Any attempt at falsification of this Log may result in termination of certification. If you keep a personal log, please extract the appropriate information as indicated. Copy this form as needed.

Name: _____

Certificate Number: _____

Start Date: _____

End Date: _____

JOB ID	BEGINNING DATE OF ACTIVITY	ENDING DATE OF ACTIVITY	(PLEASE PRINT) NAME OF CONTACT PERSON	TELEPHONE NO.



American Welding Society

550 NW LeJeune Rd Miami, FL 33126
(800) 443-9353 or (305) 443-9353, ext. 273

VISUAL ACUITY RECORD

LAST NAME : _____ Certification # (if applicable) : _____

FIRST NAME : _____ MEMBER # (if applicable) : _____

If scheduled to take an AWS certification exam, site location: _____ Date _____

TO APPLICANTS:

This form must be submitted for all Welding Inspector and Radiographic Interpreter applications. Applicants for the Certified Welding Educator only are not required to complete this form.

Before submitting this form with your application to AWS, be sure to keep a copy for your records. If you're unable to supply a completed Visual Acuity Record with your application prior to submission deadline, you may forward this form to the Certification Department separately. Exam applicants may submit completed Visual Acuity Records on exam day. AWS will not release exam results and/or certification renewal without a completed Visual Acuity Record on file.

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 months prior to the scheduled date of the applicant's examination and/or certification expiration date.

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12 in. or greater (≥30.5 cm). All applicants shall take a color perception test. Eye examination results must be documented on this visual acuity form supplied by the AWS Certification Department. No other forms will be accepted.

AWS will not accept visual acuity test results that are incomplete or do not comply with regulations.

THE FOLLOWING THREE SECTIONS ARE TO BE COMPLETED BY THE EYE EXAMINER

1. Please verify the customer's close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater (≥30.5 cm): (please check one of the following)		AWS use only
<input type="checkbox"/>	Both eyes require corrected vision to J2	W
<input type="checkbox"/>	Only one eye needs corrected vision to J2	W
<input type="checkbox"/>	No correction is required.	O

2. Through a color perception examination, is the applicant colorblind? (please check one of the following)		AWS use only
<input type="checkbox"/>	No, customer is not colorblind	C
<input type="checkbox"/>	Yes, customer is colorblind.	B

3. PLEASE PRINT CLEARLY

CUSTOMER NAME: _____ DATE OF EYE EXAMINATION: _____

EXAMINER NAME: _____ TELEPHONE NUMBER: _____

EXAMINER ADDRESS: _____

CITY: _____ ST/PROVINCE: _____ ZIP: _____ COUNTRY: _____

EXAMINER PROFESSIONAL STATUS BY (please check only one):

Ophthalmologist Optometrist Medical Doctor Registered Nurse Certified Physician's Assistant

EXAMINER SIGNATURE: _____ STATE/PROV. LICENSE NUMBER: _____