



CWE Renewal Program Information

In order to renew your CWE certification, you must complete the *CWE Renewal Application* and be received by the Certification Department before your expiration date. Your CWE certification will automatically expire if your application is received after the expiration date. An expiration grace period exists until the last day of your expiration month. After the grace period, you will no longer be able to renew your CWE certification.

You shall attest to two (2) years of activity during the four (4) year certification in the practice of welding education. Details regarding the validity of this experience are described in Section 5.2 in the QC5-91 *AWS Standard for Certification of Welding Educators*. Additionally, the application must be signed, stamped and/or sealed by a Notary Public.

If you are a member of the S.E.N.S.E. Program, please be sure to fill out this section, which is located in the upper left hand corner of the application, in order to receive any applicable discounts.

All checks and money orders should be made payable to AWS. Payment must accompany your application.

Please allow adequate time for your application to be processed. Applications **CANNOT** be faxed or emailed so please be prompt in submitting your application.

If there are any questions or concerns regarding the CWE renewal process, please feel free to contact the AWS Certification Department at: 1-800-443-9353, ext. #273. Our Certification Coordinators are available to assist you Monday through Friday from 8:00 am to 5:00 pm.

EXPERIENCE RECORDS

Applicants shall attest to two (2) years of activity during their four-year certification in the practice of welding education or in related activities as defined in 5.2. Please refer to the AWS QC5-91, AWS Standard for Certification of Welding Educators.

**** NOTE****

DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE QUALIFYING WORK EXPERIENCE REQUIREMENTS FOR CWE 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:		To:
			(Mo.)	(Yr.)	(Mo.) (Yr.)
Job Responsibilities- Detailed Description Required*					

NOTARIZATION

(Applicants must read and sign the following statement in front of a notary)

I hereby certify I have read the standard requirements contained in the *QC-5 Standard for AWS Certification of Welding Educators*. Further, I agree to comply with the existing requirements and any subsequent requirements that may be instituted by AWS. I have read and agree to the terms and conditions set forth in the *AWS Policies and Fees* form. I certify the information I have included on this application is true. I understand 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 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. I further understand any information that is incomplete or missing will cancel this renewal.

THE FOLLOWING IS TO BE COMPLETED BY A NOTARY PUBLIC

Sworn to and subscribed before me this _____ day of _____ of year _____.

My commission expires _____ Notary Public Signature _____ (seal and/or stamp is REQUIRED)

AWS Policies and Fees

Please visit our website <http://www.aws.org/certification/policiesfees/>