



CERTIFICATION # _____ EXP DATE _____

AWS MEMBER # _____

RENEWAL (CWI AND SCWI ONLY)

UPGRADE - applicants who met the minimum scores on each part of the examination but did not meet the work experience requirements of CWI may request an upgrade to the CWI level once the work experience requirements are met.

Last Name
[Grid]

First Name MI
[Grid]

Mailing address
[Grid]

City, State
[Grid]

Zip Code/Postal Code Last 4 digits SS# Date of Birth mm/dd/yyyy
[Grid]

Home Telephone Number Work Telephone Number Mobile Telephone Number
[Grid]

E-mail Address
[Grid]

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

Associations

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

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

Check or Money Order # _____

VISA MC AMEX Diners Discover

Credit Card #
[Grid]

Expiration Date
[Grid] Mo Yr

Signature

AWS USE ONLY

Date _____ Acct # _____

Amt \$ _____ CWIR

NAME _____

Account No. _____

Requirements: (please refer to AWS QC1, *Standard for AWS Certification of Welding Inspectors* for further details)

- The period of validity for AWS SCWI and CWI certification is three (3) years. The SCWI/CWI shall be responsible for maintaining a current address with the AWS Certification Department. To be eligible for renewal, the CWI must:
 - o Submit an approved renewal application to the AWS Certification Department by the expiration date of the current certification and no earlier than 6 months prior to the expiration date of that certification.
 - o AWS may send a renewal notice, but if not received, ***it remains the responsibility of the SCWI/CWI to renew on time.***
- The SCWI/CWI requesting renewal of certification shall attest to having no period of continuous inactivity greater than two years in activities described in AWS B5.1 and QC1 during the previous three years of certification.
 - o SCWI/CWI not meeting the requirements of 15.4 from AWS QC1 may renew by taking the CWI part B Practical exam and meet the scoring requirements of 6.2.2 of QC1.
- SCWI/CWI certification renewals are limited to two consecutive three-year periods.

(Reproduce this section for each additional employer)

Company Name	Type of Business	Company Phone Number	
Company Street Address		City, State, Postal 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- <i>Detailed Description Required*</i>			

TESTIMONIAL

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

I hereby certify that I have read the standard requirements contained in AWS QC1, *Standard for AWS Certification of Welding Inspectors*. 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. I further understand that any required information that is incomplete or missing will cancel this registration.

Applicant's Signature _____ Date _____

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

The following is completed by a Notary Public

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

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



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: _____