

NAME _____ SS# _____

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 QC1:2007 may renew by taking the CWI part B Practical exam and meet the scoring requirements of 6.2.2 of QC1:2007.
- SCWI/CWI certification renewals are limited to two consecutive three-year periods.

(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 SCWI/CWI ELIGIBILITY.

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

Company Name: _____ Phone: (____) _____

Mailing Address: _____

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

Supervisor / Personnel Manager: _____ Dept/Div.: _____

Supervisor / Personnel Manager's E-mail: _____

| <i>JOB TITLE: (only for the employer listed above)</i> | FROM MONTH/YEAR | TO MONTH/YEAR |
|--|-----------------|---------------|
| | | |
| | | |

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 expiration date of the certification.

NOTARIZATION

All applicants must complete this section.

I hereby certify that I have read the requirements contained in the AWS QC1, *Standard for AWS Certification of Welding Inspectors*. Further, I agree to comply with the existing requirements and any subsequent requirements, which may be instituted by AWS. I certify that the information I have included on this application is true; I understand that any false statement will nullify this application; I give permission to AWS to verify this information.

Signature: _____ Date: _____

Sworn to and subscribed before, this _____ day of _____ of year _____

My commission expires _____ Notary Public _____

Signature _____