



American Welding Society

P.O. Box 440367 Miami, FL 33144-0367
(800) 443-9353 or (305) 443-9353, ext. 273
FAXED APPLICATIONS ARE NOT ACCEPTED

WELDING INSPECTOR RENEWAL APPLICATION

LAST NAME										FIRST NAME										MI									
DATE OF BIRTH MM/DD/YY										U.S. SOCIAL SECURITY NUMBER										INTERNATIONAL CANDIDATE PASSPORT NUMBER									

1. PLEASE CHECK AND COMPLETE THE FOLLOWING:

RENEWAL

UPGRADE

UPGRADE AND RENEWAL

Note: According to QC1:2006, applicants whose scores on each part of the examination meeting the requirements of 6.2.2 of QC1:2006 but did not meet the experience requirements of 5.2.2 of AWS B5.1 may request an upgrade to the CWI level once the experience requirements are met.

YOUR ORIGINAL AWS MEMBER # _____

YOUR CERTIFICATION # _____

**2. PLEASE COMPLETE THE FOLLOWING BELOW ONLY IF THE INFORMATION ON FILE IS DIFFERENT:
(PO BOX NOT ACCEPTED. STREET ADDRESS REQUIRED)**

ADDRESS

ADDRESS (cont'd) APT NO.

CITY AND STATE / PROVINCE / COUNTRY ZIP CODE

HOME TELEPHONE NUMBER WORK TELEPHONE FAX TELEPHONE NUMBER

E-MAIL ADDRESS

3. METHOD OF PAYMENT	AWS USE ONLY
<input type="checkbox"/> Bill Me / PO (Staple PO to front page of application) <input type="checkbox"/> Check or money order # _____ <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Diners <input type="checkbox"/> Discover CC#: _____ / _____ / _____ / _____ Exp: _____ / _____ SIGNATURE _____	Date: _____ Acct #: _____ Amt\$: _____ PAID / OWE QCE / QCP / QCEP

LAST NAME: _____

FIRST NAME: _____

4. ASSOCIATIONS

TYPE OF BUSINESS CHECK ONE BOX	JOB CLASSIFICATION CHECK ONE BOX	YOUR TECHNICAL INTERESTS FILL IN ORDER OF PRIORITY (1,2,3,ETC.)
A. <input type="checkbox"/> Contract Construction	01. <input type="checkbox"/> President, owner, partner, officer	A. _____ Ferrous metals
B. <input type="checkbox"/> Chemicals, Allied Products	02. <input type="checkbox"/> Manager, director, superintendent	B. _____ Aluminum
C. <input type="checkbox"/> Petroleum & Coal Industries	03. <input type="checkbox"/> Sales	C. _____ Nonferrous metals except aluminum
D. <input type="checkbox"/> Primary Metal Industries	04. <input type="checkbox"/> Purchasing	D. _____ Advanced materials, intermetallics
E. <input type="checkbox"/> Fabricated Metal Products	05. <input type="checkbox"/> Engineer – welding	E. _____ Ceramics
F. <input type="checkbox"/> Machinery except electrical	06. <input type="checkbox"/> Engineer – other	F. _____ High energy beam processes
G. <input type="checkbox"/> Electrical equipment, supplies, electrodes	07. <input type="checkbox"/> Inspector, tester	G. _____ Arc Welding
H. <input type="checkbox"/> Transport equipment, air, aerospace	08. <input type="checkbox"/> Supervisor, foreman	H. _____ Brazing and soldering
I. <input type="checkbox"/> Transport equipment, automotive	09. <input type="checkbox"/> Welder, welding or cutting operator	I. _____ Resistance welding
J. <input type="checkbox"/> Transport equipment, boats, ships	10. <input type="checkbox"/> Architect, designer	J. _____ Thermal spraying
K. <input type="checkbox"/> Transport equipment, railroad	11. <input type="checkbox"/> Consultant	K. _____ Cutting
L. <input type="checkbox"/> Utilities	12. <input type="checkbox"/> Metallurgist	L. _____ NDE
M. <input type="checkbox"/> Welding distributorship & retail trade	13. <input type="checkbox"/> Research and development	M. _____ Safety and health
N. <input type="checkbox"/> Misc. repair services inc. welding	14. <input type="checkbox"/> Technician	N. _____ Bending and shearing
O. <input type="checkbox"/> Education services inc. schools, libraries	15. <input type="checkbox"/> Educator	O. _____ Roll forming
P. <input type="checkbox"/> Engineering & architectural services	16. <input type="checkbox"/> Student	P. _____ Stamping and punching
Q. <input type="checkbox"/> Misc. business services inc. laboratories	17. <input type="checkbox"/> Librarian	Q. _____ Aerospace
R. <input type="checkbox"/> Governmental (federal, state, local)	18. <input type="checkbox"/> Customer service	R. _____ Automotive
S. <input type="checkbox"/> Other	19. <input type="checkbox"/> Other	S. _____ Machinery
YOUR COMPANY'S #1 PRODUCT/SERVICE		T. _____ Marine
		U. _____ Piping and tubing
		V. _____ Pressure vessels and tanks
		W. _____ Sheet Metal
		X. _____ Structures
		Y. _____ Other
		Z. _____ Automation
		AA. _____ Robotics
		BB. _____ Computerization of welding

5. 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 CWI/CWE/SCWI ELIGIBILITY.

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

Company Name: _____ Phone: () _____

Mailing Address: _____

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

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

Supervisor / Personnel Manager's E-mail: _____

JOB TITLE: (only for the employer listed above)	FROM MONTH/YEAR	TO MONTH/YEAR
1.		
2.		

6. TESTIMONIAL: (this section must be notarized)

I hereby certify that I have read the requirements contained in the current edition of AWS QC1, *Standard for AWS Certification of Welding Inspectors*. Further, I agree to comply with the existing requirements and any subsequent requirement that may be instituted by AWS. 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 AWS QC1 concerning the administration of my renewal. I further understand any information that is incomplete or missing will place my application on hold. I understand that if the missing material is not supplied within the 60 day grace period allowed by AWS QC1, the application will be rejected, a refund of the application fee minus a \$75 processing fee will be issued, and full recertification by examination is required.

Applicant's Signature _____ Date: _____

THE FOLLOWING IS TO BE COMPLETED BY THE NOTARY PUBLIC

Sworn to and subscribed before me this _____ day of _____ 200__.

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