

2. 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

LAST NAME:	FIRST NAME:
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3. QUALIFYING WORK EXPERIENCE – NO RESUMES ACCEPTED

Education and experience requirements are detailed in the *AWS B5.9:2000 Specification for the Qualification of Welding Supervisors*.

Experience: Three years requirement of practical experience in the welding-related industry in an occupational function that has a direct relationship with weldments fabricated to a code, specification, or other standard, and is directly involved in at least one of the following: Design, Production, Construction, Inspection, or Repair. Please document three years of qualifying experience in the spaces below.

Experience Alternative: Three years of teaching experience may be substituted for a maximum of one year of the practical experience requirement with proper documentation (e.g. photocopied summaries of subject taught, teaching certificates, and letters of reference). Relevant experience shall be considered on the following basis: teaching full-time (or teaching part-time at a full-time equivalence) in a trade, technical school, college or university, the occupational skill of welding or subjects relating to welding, its application, control, materials, and processes.

<input type="checkbox"/>	CHECK HERE ONLY IF SUBSTITUTION OF TEACHING EXPERIENCE IS SUBMITTED.
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EDUCATIONAL LEVEL – APPLICANTS APPLYING FOR THE CWS EXAMINATION MUST BE A HIGH SCHOOL GRADUATE OR HAVE ACHIEVED A GED CERTIFICATE. PLEASE VERIFY EDUCATION LEVEL BELOW.

<input type="checkbox"/> High school graduate or achieved GED certificate	MUST document at least three years of work experience in the Qualifying Work Experience Section below **Refer to the B5.9:2000**
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(INITIALS) I understand that all work experience documented on this application may be verified with both past and present employers.

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

MOST RECENT EMPLOYER

Company Name: _____ Phone: () _____

Mailing Address: _____

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

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

Supervisor / Personnel Manager's E-mail: _____

JOB TITLE <i>(only for the employer listed above)</i>	FROM MONTH/YEAR	TO MONTH/YEAR
1.		
2.		
3.		
4.		
5.		

LAST NAME:

FIRST NAME:

4. EMPLOYMENT VERIFICATION

PLEASE HAVE THIS SECTION COMPLETED BY A SUPERVISOR OR PERSONNEL MANAGER FROM YOUR MOST RECENT EMPLOYER. IF YOU ARE SELF-EMPLOYED, YOU MUST INSTEAD SUBMIT TWO NOTARIZED LETTERS OF REFERENCE FROM SEPARATE CLIENTS.

Employee's last name: _____ First name: _____ MI: _____

Employer Name: _____ Phone: () _____

Employer Address: _____

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

Supervisor / Personnel Manager: _____ Dept/Div: _____

Supervisor / Personnel Manager's Email: _____

PLEASE PRINT EXCEPT FOR SIGNATURE

I verify that: _____, whose social security number is: _____ is / was
(circle one)

employed by this company and conducted the duties submitted on this application during the employment periods submitted on this application.

My name is: _____ My job title is: _____

Signature: _____ Date: _____

5. TESTIMONIAL: *(Applicants must read and sign the following statement in front of a notary)*

I hereby certify that I have read the requirements contained in the documents AWS B5.9:2000 Specification of Qualification of Welding Supervisor and QC13:2005 Standard for AWS Certification of Welding Supervisors. Further, I agree to comply with the existing requirements and any subsequent requirements 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 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 information that is incomplete or missing will consider this application on conditional basis in which it will render the release of my test results.

Applicant's Signature _____ Sworn to and subscribed before me this
_____ day of _____ 200____. My commission expires _____

Notary Public Signature _____

