



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 9-YEAR RECERTIFICATION APPLICATION

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

THIS APPLICATION IS TO BE USED BY A CURRENT AWS WELDING INSPECTOR WHO FALLS WITHIN THE 9-YEAR CYCLE FOR RENEWAL.

1. PLEASE COMPLETE THE FOLLOWING:

YOUR ORIGINAL AWS MEMBER # _____

YOUR CERTIFICATION # _____

2. PLEASE INDICATE EXAM PART OF YOUR CHOICE:
(If choosing an code book exam, you must select a code and complete section 5.)

- CWI Exam Part B: Practical (For CWI applicants only)
- SCWI – Part A & Part B (For SCWI applicants only. Both parts required.)
- AWS D1.1 Structural Steel: 2002, 2004, or 2006 editions permissible
- API-1104 Pipelines: 20th edition
- AWS D15.1 Railroad: 1993 edition
- AWS D1.5M/D1.5 Bridge: 2002 edition
- ASME Section IX (B31.1,B3.3)

IF CHOICE TO BE EXEMPT FROM EXAMINATION, PLEASE INDICATE ONE OF THE FOLLOWING:

- Submitting 80 Personal Development Hours *(section 10 must be completed)*
- 9-year Recertification Course *(please indicate below choice of site location)*
- By Supplemental Inspection Exam *(SIE/endorsement achieved within this 9-year cycle)*

3. PLEASE INDICATE THE FOLLOWING SEMINAR WORKSHOP OF YOUR CHOICE:

- D1.1 code clinic workshop (code book not supplied)
- API-1104 code clinic workshop (code book not supplied)
- Visual Inspection workshop
- NONE / EXAMINATION ONLY

4. METHOD OF PAYMENT

Total: _____

- Bill Me
- Bill PO *(Staple PO to front page of application)*
- Check or money order # _____
- VISA MC AMEX Diners Discover

CC#: _____ / _____ / _____ / _____

EXP DATE: _____ / _____ / _____

SIGNATURE

AWS USE ONLY

Date: _____ Acct #: _____

Amt\$: _____ PAID / OWE

QCW / RSV

5. PLEASE INDICATE THE EXAM OR COURSE LOCATION OF YOUR CHOICE:

1 st Site Code: _____	Date: _____	City/State: _____	*Submission Deadline: _____
2 nd Site Code: _____	Date: _____	City/State: _____	*Submission Deadline: _____
3 rd Site Code: _____	Date: _____	City/State: _____	*Submission Deadline: _____

NOTE: AWS strongly recommends the applicant selects a second and third site location alternative. If the first choice is not available, the next location will be selected. *The application submission deadline is six weeks prior to the scheduled exam date. Applicants who do not meet this criteria must contact the Certification Department for Fast Track processing procedure and an additional fee will apply.

LAST NAME:

FIRST NAME:

8. 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.

_____ I attest to having a total of two years continuous activity of employment during the previous three years of certification.
(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: <i>(only for the employer listed above)</i>	FROM MONTH/YEAR	TO MONTH/YEAR
1.		
2.		
3.		
4.		

9. TESTIMONIAL: *(this section must be notarized)*

I hereby certify I have read the requirements contained in the *QC-1 Standard for AWS Certification of Welding Inspectors*. Further, I agree to comply with the existing requirements and any subsequent requirements that may be instituted by AWS. 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 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 any information that is incomplete or missing will place my application on hold and I will not be scheduled for an exam date until the additional information is supplied within a 2-week grace period from when the application is reviewed. I understand that if the missing material is not supplied within the 2-week grace period, the application will be rejected and a refund of the application fee minus a \$75 processing fee will be issued.

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 is REQUIRED)*

LAST NAME:

FIRST NAME:

10. CONTINUING EDUCATION and/or TEACHING CREDIT:

(Complete this section only if submitting 80 Personal Development Hours. Duplicate this page as necessary.)

- A minimum of eighty (80) PDHs must be earned during the nine year certification period and twenty (20) of those 80 PDHs must be earned in the final three-year period.
- A PDH is no less than 50 minutes of personal interaction between a learner and instructor. Interaction implies two-way communication in order for the learner to receive feedback.
- A maximum of eighty (80) PDHs are allowed for any one course.
- PDHs claimed must be accompanied by a course description and certificate of completion indicating the number of contact hours.

Example:

<u>PDH</u> 40	<u>Institution or provider name and contact information:</u> Sample Institution 1234 Street Anywhere, US 54321 Phone: 999-555-1212	<u>Title of course or seminar:</u> Welding Technology 101
	DATE OF COMPLETION: January 2, 2099	

<u>PDH</u>	<u>Institution or provider name and contact information:</u>	<u>Title of course or seminar:</u>
	DATE OF COMPLETION:	

<u>PDH</u>	<u>Institution or provider name and contact information:</u>	<u>Title of course or seminar:</u>
	DATE OF COMPLETION:	

<u>PDH</u>	<u>Institution or provider name and contact information:</u>	<u>Title of course or seminar:</u>
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