



NAME \_\_\_\_\_ SS# \_\_\_\_\_

**REQUIREMENTS:** (PLEASE REFER TO AWS B5.16:2006, *SPECIFICATION FOR THE QUALIFICATION OF WELDING ENGINEERS* FOR FURTHER DETAILS)

The Welding Engineer shall maintain the qualification through continued education. This education shall be restricted to the functions as defined in Clause 5. The Welding Engineer shall demonstrate successful completion of continued education every five (5) years to maintain qualification. Continued education shall relate to the functions in Clause 5 and shall be equivalent to 80 contact hours in the five year period on combination of contact hours plus continuing education units totaling 80 contact hours.

(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 CWENG ELIGIBILITY.**

\_\_\_\_\_  
*(Initials)* I understand that all 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: \_\_\_\_\_

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

**NOTARIZATION**

All applicants must complete this section.

I hereby certify that I have read and fully understand the requirements contained in the CWEng Information. 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 and the letters submitted are true; I understand that any false statement 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 Engineer (P.E.) under the laws of any state or other governmental entity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before, this \_\_\_\_\_ day of \_\_\_\_\_ of year \_\_\_\_\_

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_

Signature \_\_\_\_\_