



**8. PERSONAL** (we will mail all your correspondence to the address listed below)

LAST NAME										FIRST NAME										MI	

COMPANY NAME ONLY IF MAILING ADDRESS																			

STREET ADDRESS FOR CORRESPONDENCE																APT NO			

CITY AND STATE/PROVINCE/COUNTRY														ZIP CODE					

HOME TELEPHONE NUMBER									

WORK TELEPHONE NUMBER									

FAX TELEPHONE NUMBER									

E-MAIL																			

DATE OF BIRTH MM/DD/YY (Ex: 02/13/46)					

**9. ASSOCIATION (PLEASE CHECK ALL THAT APPLIES)**

CHECK ONE BOX. TYPE OF BUSINESS	CHECK ONE BOX. JOB CLASSIFICATION	
A. <input type="checkbox"/> Contract Construction	01 <input type="checkbox"/> President, owner, partner, officer	D__ Advanced materials, intermetallics
B. <input type="checkbox"/> Chemicals, Allied Products	02 <input type="checkbox"/> Manager, director, superintendent	E__ Ceramics
C. <input type="checkbox"/> Petroleum & Coal Industries	03 <input type="checkbox"/> Sales	F__ High energy beam processes
D. <input type="checkbox"/> Primary Metal Industries	04 <input type="checkbox"/> Purchasing	G__ Arc welding
E. <input type="checkbox"/> Fabricated Metal Products	05 <input type="checkbox"/> Engineer – welding	H__ Brazing and soldering
F. <input type="checkbox"/> Machinery except electrical	06 <input type="checkbox"/> Engineer – other	I__ Resistance welding
G. <input type="checkbox"/> Electrical equipment, supplies, electrodes	07 <input type="checkbox"/> Inspector, tester	J__ Thermal spraying
H. <input type="checkbox"/> Transport equip., air, aerospace	08 <input type="checkbox"/> Supervisor, foreman	K__ Cutting
I. <input type="checkbox"/> Transport equip., automotive	09 <input type="checkbox"/> Welder, welding or cutting operator	L__ NDE
J. <input type="checkbox"/> Transport equip., boats, ships	10 <input type="checkbox"/> Architect, designer	M__ Safety and health
K. <input type="checkbox"/> Transport equip., railroad	11 <input type="checkbox"/> Consultant	N__ Bending and shearing
L. <input type="checkbox"/> Utilities	12 <input type="checkbox"/> Metallurgist	O__ Roll forming
M. <input type="checkbox"/> Welding distributorship & retail trade	13 <input type="checkbox"/> Research and development	P__ Stamping and punching
N. <input type="checkbox"/> Misc. repair services inc. welding shops	14 <input type="checkbox"/> Technician	Q__ Aerospace
O. <input type="checkbox"/> Education services inc. schools, libraries	15 <input type="checkbox"/> Educator	R__ Automotive
P. <input type="checkbox"/> Engineering & architectural services	16 <input type="checkbox"/> Student	S__ Machinery
Q. <input type="checkbox"/> Misc. business services inc. laboratories	17 <input type="checkbox"/> Librarian	T__ Marine
R. <input type="checkbox"/> Governmental (federal, state, local)	18 <input type="checkbox"/> Customer service	U__ Piping and tubing
S. <input type="checkbox"/> Other _____	19 <input type="checkbox"/> Other _____	V__ Pressure vessels and tanks
<b>YOUR COMPANY'S #1 PRODUCT/SERVICE:</b>	<b>FILL IN ORDER OF PRIORITY (1, 2, 3 ETC.) YOUR TECHNICAL INTERESTS</b> A__ Ferrous metals	W__ Sheet metal
		X__ Structures
		Y__ Other _____
		Z__ Automation
	C__ Nonferrous metals except aluminum	1__ Robotics
		2__ Computerization of welding

**10. EDUCATIONAL LEVEL**

**DIPLOMA DOCUMENTED**

A. Finished high school or obtained GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. One year diploma in welding or robotics	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Two year Associate Degree in welding, robotics, or electrical technology	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**11. QUALIFYING WORK EXPERIENCE**

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

**12. MOST RECENT EMPLOYER**

**Duplicate this page as needed to provide additional information for *each one* of your employers in order to meet the experience requirements for CRAW Operator or Technician eligibility.**

Company Name: \_\_\_\_\_ Dept/Div.: \_\_\_\_\_

Supervisor/Personnel Manager: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Supervisor/ Personnel Manager's e-mail: \_\_\_\_\_

12A. JOB TITLE	FROM MONTH/YEAR	TO MONTH/YEAR
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

PLEASE HAVE THIS SECTION COMPLETED BY YOUR SUPERVISOR OR PERSONNEL MANAGER OF YOUR MOST RECENT EMPLOYER. **IMPORTANT. THIS PAGE MUST BE MAILED WITH YOUR APPLICATION. DO NOT SEND SEPARATELY. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS COMPLETED SECTION. DO NOT USE THIS PAGE IF SELF-EMPLOYED. SELF-EMPLOYED APPLICANTS MUST PROVIDE TWO (2) NOTARIZED LETTERS OF REFERENCE FROM SEPARATE CLIENTS.**

**13. EMPLOYMENT VERIFICATION**

Employee's last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Company Name: \_\_\_\_\_ Dept/Div.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Supv/ Personnel Mgr E-mail: \_\_\_\_\_ Supv/Personnel Mgr Phone: ( ) \_\_\_\_\_

**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 in this application during the employment periods submitted in this application.

My name is: \_\_\_\_\_ My job title is: \_\_\_\_\_

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

**AWS EXAM CANCELLATION REFUND POLICIES AND OTHER FEES**

**CANCELLATION REFUND POLICY FOR WRITTEN EXAMINATIONS ONLY**

Cancellation Request Forms must be received by the Certification Business Unit no later than 2 weeks prior to the first day of the exam. If your cancellation is received less than 2 weeks prior to your scheduled exam date, you will be refunded the full amount less a \$140 exam cancellation fee.

**PROCESSING FEE**

Included with all certification exam prices, there is a \$75 Processing Fee. If you do not qualify to sit for the AWS certification exam, your fee will be refunded in full less the \$75 Processing Fee.

**AWS RECOMMENDS YOU USE PRIORITY MAIL WITH TRACKING OPTION WHEN SUBMITTING YOUR APPLICATION.**

**Fees are subject to change. Please check the AWS website for the most current fees.**

**PLEASE RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS.**