



THIS APPLICATION IS FOR (CHECK ONLY ONE):

- 1st Time Reciprocity Reciprocity Renewal

If Renewing, please provide your CWI No.

CWI No.: Expiration Date:

Are you a current AWS Member? Yes No

If yes, AWS Member No.:

Reciprocity is only valid to Canadians who have successfully completed the CSA W178.2 examination and is currently holding a valid Canadian Welding Bureau card.

NOTE: The Canadian Welding Bureau Levels II and III are equivalent to the AWS Certified Welding Inspector (CWI). The Canadian Welding Bureau Level I is equivalent to the AWS Certified Associate Welding Inspector (CAWI).

METHOD OF PAYMENT

Check # Bill PO (Staple PO to front page of application)

VISA MC AMEX Diners Discover

Credit Card #

Credit card number grid

Exp. Date

Expiration date grid (Mo Day Yr)

Signature

AWS USE ONLY

Date Recv'd Acc't #

Amt \$ Site Code

PREVIOUS CERTIFICATION

- Have you ever taken a previous AWS certification exam? Yes No If yes, exam date: location:
Have you ever been certified by QC1? Yes No If yes, type of certification:

CWB CERTIFICATE CARD

Attach a copy of your CWB certificate card that confirms you are certified to the Canadian Standard CSA W178.2, showing a current expiration date.

NOTE: Reciprocal CWI certification carries the same corresponding expiration month and year of the CWB card.

PERSONAL INFORMATION (we will mail all your correspondences to the address listed below):

LAST NAME FIRST NAME MI

DATE OF BIRTH MM/DD/YY U.S. SOCIAL SECURITY NO. INTERNATIONAL CANDIDATE PASSPORT NUMBER

E-MAIL ADDRESS

COMPANY NAME ONLY IF MAILING ADDRESS

STREET ADDRESS FOR CORRESPONDENCE APT NO.

CITY AND STATE/PROVINCE/COUNTRY ZIP CODE

HOME TELEPHONE NUMBER FAX TELEPHONE NUMBER WORK TELEPHONE NUMBER

PROVISO: Upon obtaining my certification, I give AWS the right to reveal my certification status as it relates to my validity and expiration date only. No other information related to my certification shall be revealed. Yes No

NOTARIZATION.

I hereby certify that I have read the requirements contained in the document 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 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.

Applicant's Signature: Sworn to an subscribed before me this day of 200

My commission expires Notary Public Signature (Seal and/or stamp is required)



Visual Acuity Record

PLEASE PRINT IN BLUE OR BLACK INK

ATTACH THIS COMPLETED RECORD TO YOUR MAIN APPLICATION

P.O. Box 440367 ♦ Miami, Fl 33144-0367 ♦ (800) 443-9353, ext. 273 ♦ (305) 443-9353, ext. 273

NAME OF APPLICANT: _____ SOCIAL SECURITY NUMBER: _____
(or international passport number)

CERTIFICATION NUMBER (IF CERTIFIED): _____ EXAM DATE/LOCATION: _____

TO ALL CERTIFICATION EXAMINATION CANDIDATES:

You **must** use the services of an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse, or Certified Physician's Assistant to administer **your required** eye examination. The examination must occur **within the seven (7) months prior to the scheduled date** of the applicant's welding inspection examination or re-certification anniversary date. Please attach this completed record to your main application and send to AWS, and **keep a copy for your files**.

All applicants must pass an eye examination, **with or without** corrective lenses, to prove near vision acuity on Jaeger J2 at 12 in. to 17 in (30.48cm to 43.18cm). All applicants shall take a color perception test. Eye examination results shall be submitted on record forms furnished by the AWS Certification Business Unit.

AWS will not accept visual acuity test results that do not comply with regulations. AWS will not release your exam results without a completed visual acuity record on file. Applicants may submit completed visual acuity records at the exam location.

TEST RESULTS

Applicant possesses near vision acuity on Jaeger J2 (letters .37cm in size) at a distance of 12 in. to 17 in. (30.48cm to 43.18cm)?

- WITHOUT CORRECTION (O*)
- WITH CORRECTION (W*)

Through a color perception examination, has it been determined that the applicant is colorblind?

- YES (B*)
- NO (C*)

*FOR CERTIFICATION INTERNAL PURPOSES.

ATTEST TO

I certify that I, _____ administered an eye examination to the
(print eye examiner's name)
applicant _____ on _____ which
(print applicant's name) (date)

demonstrated the vision capabilities indicated above.

PLEASE IDENTIFY YOUR PROFESSIONAL STATUS BY CHECKING ONE OF THE FOLLOWING:

- Ophthalmologist
- Optometrist
- Medical Doctor
- Registered Nurse
- Certified Physician's Assistant

STATE/PROV. LICENSE NUMBER: _____

PROFESSIONAL MAILING ADDRESS: _____

CITY: _____ ST/PROV.: _____ ZIP: _____ COUNTRY: _____

SIGNATURE OF EYE EXAMINER: _____ CONTACT TELEPHONE NUMBER: () _____