American Welding Society

8669 NW 36 St., #130 Miami, FL 33166-6672
(800) 443-9353 or (305) 443-9353, ext. 273

**CWI 9th Year
Application
Checklist Form**

For your convenience, please use our Certification Application Portal.
Effective November 15th,2019, applications will be charged an additional $125.00 if sent to AWS by email or paper.

Applicants Information:

Last Name: _____ First Name: _____ Middle: _____

Certification #: _____

Check sections for compliance.   *Incomplete applications will not be processed.*

☐	Personal Information – Last, First, and Middle initial **MUST** be completed, including Certification number.
☐	**Sec. 1: Payment Information -** Payment **MUST** accompany this application.
☐	**Sec. 2: Personal Information** – Last, First, and Middle initial **MUST** be completed.
☐	**Sec. 3: Member Information and Certification number**
☐	**Sec. 4: Recertification by Exam Option** – if recertifying by exam and/or taking a Seminar, please check this option.
☐	**Sec. 5: Recertification by Non- Exam Option -** if recertifying by non-exam, please check one option.
☐	**Sec. 6: Exam Location** – Site Code (if Applicable), Exam Date, City/State, and Submission Deadline
☐	**Sec. 7: Proof of Identity** – current color copy of government passport or national ID
☐	**Sec. 8: Associations** – Type of Business, Job Classification and Technical Interests.
☐	**Sec. 9: American Disabilities Act (ADA**): if applicable, candidate must print a copy of our ADA package and follow the instructions. www.aws.org/ada-disability-accommodations
☐	**Sec. 10: Qualifying Work Experience - MUST** be completed for each employer to meet minimum work experience requirement. All fields are mandatory.
☐	**Sec. 11: Visual Acuity Form** – Eye Examinations shall be performed not more than one (1) year prior to the date of examination. Applicants shall submit results to the AWS certification department along with their application.
☐	**Sec. 12: Photo Requirement** – To learn more, review the information on how to provide a suitable photo to avoid processing delays by visiting our website www.aws.org/certification/page/photo-id-requirements
☐	**Sec. 13: Terms and Conditions -** This section of the application must be read, checked, dated, and signed by the applicant taking the exam.
☐	**Sec. 14: Continuing Education and/or Teaching Credit -** Complete this section only if submitting 80 Personal Development Hours.

For Exam Fees Certification Price List

Method of Payment - Payment must accompany this application	**AWS USE ONLY**
☐ *Check if billing address is different from mailing* _____ _____ **All checks and money orders made payable to AWS** ☐ Check or money order #_____ ☐ VISA ☐ MC ☐ AMEX ☐ Discover CC#:_____ /_____ /_____ /_____ Exp:_____ /_____ SIGNATURE :_____ CVV: _____	Acct #: _____ Date: _____ Amt$:_____CWI

2. Personal Information   *Name **must** match your current government issued ID or Passport*

Last Name	First Name	Middle Initial

Certification #	Exp. Date	AWS Member #

Street Address	City, State, Zip Code

Home Telephone	Work Telephone	Mobile Telephone

Email	Date of Birth MM/DD/YY	Last Four Digits of SS#

3. Member Information: Check and complete

Are you an AWS Member?   ☐ Yes   ☐ No   If yes, please provide your Member #: _____ *Company Membership not applicable.*

What is your AWS CWI Certification number and Expiration: CWI #: _____   Exp. Date: _____

4. Recertification Exam Options (choose, unless recertifying by a non-exam option).

CWI Part B- Practical Exam Only - **Complete Sections 6 through 9 and 11 through 13.**

☐ Exam Only   ☐ Seminar & Exam   ☐ Part B Seminar & Exam   **Body of Knowledge**

5. Recertification Non-Exam Options (choose one, unless recertifying by an exam option):

5a. ☐ 80 Professional Development Hours (PDHs) - **Complete sections 7-14 and skip 9**

5b. ☐ CRI Certification achieved prior to 9th year of CWI Certification (submit copy of certificate) - **Complete sections 7 and 10 through 13**

5c. ☐ Endorsement- Achieved prior 9th year of Certification (submit a copy of certificate) - **Complete sections 7 and 10 through 13**

5d. ☐ 9-year Recertification Course - **Complete sections 6 through 7 and 10 through 13**

6. Indicate exam location of your choice: Confirmation is emailed in 3-4 weeks from receipt of application.   Exam Schedule

1st Site Code_____ Date_____ City/State_____ *Submission Deadline_____

2nd Site Code_____ Date_____ City/State_____ *Submission Deadline_____

3rd Site Code_____ Date_____ City/State_____ *Submission Deadline_____

NOTE: If the first choice is not available, registration will indicate the next available choice site. **DO NOT** make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department via email. Refer to AWS Policies and Fees.

7. Proof of Identity

☐ Please check that you've attached a color copy of your current Government issued ID to this application, such as a driver's license or passport. ***This is required if testing for an endorsement exam through Prometric.***

8. Associations

Type of Business (check only ONE)	Job Classification (check only ONE)	Technical Interests (check ALL that apply)
A ☐ Contract construction	01 ☐ President, owner, partner, officer	☐ Ferrous metals
B ☐ Chemicals & allied products	02 ☐ Manager, director, superintendent	☐ Aluminum
C ☐ Petroleum & coal industries	03 ☐ Sales	☐ Non-ferrous except aluminum
D ☐ Primary metal industries	04 ☐ Purchasing	☐ Advanced materials/intermetallics
E ☐ Fabricated metal products	05 ☐ Engineer — welding	☐ Ceramics
F ☐ Machinery except elect. (incl. gas welding)	06 ☐ Engineer — other	☐ High energy Processes
G ☐ Electrical equip., supplies, electrodes	07 ☐ Inspector, tester	☐ Arc Welding
H ☐ Transportation equip. - air, aerospace	08 ☐ Supervisor, foreman	☐ Brazing & Soldering
I ☐ Transportation equip. - automotive	09 ☐ Welder, welding or cutting operator	☐ Resistance Welding
J ☐ Transportation equip. - boats, ships	10 ☐ Architect, designer	☐ Thermal Spray
K ☐ Transportation equip. - railroad	11 ☐ Consultant	☐ Cutting
L ☐ Utilities	12 ☐ Metallurgist	☐ NDT
M ☐ Welding distributors & retail trade	13 ☐ Research & development	☐ Safety & Health
N ☐ Misc. repair services (incl. welding shops)	14 ☐ Technician	☐ Pipe & Tubing
O ☐ Educational Services (univ., libraries, schools)	15 ☐ Educator	☐ Pressure Vessels & Tanks
	16 ☐ Student	☐ Structures
P ☐ Engineering & architectural services (incl. assns.)	17 ☐ Librarian	☐ Roll Forming
	18 ☐ Customer service	☐ Sheet metal
Q ☐ Misc. business services (incl. commercial labs)	19 ☐ Other	☐ Stamping & punching
	20 ☐ Engineer - design	☐ Bending & shearing
R ☐ Government (federal, state, local)	21 ☐ Engineer - manufacturing	☐ Aerospace
S ☐ Other	22 ☐ Quality Control	☐ Automotive
		☐ Machinery
		☐ Marine
		☐ Other
		☐ Automation
		☐ Robotics
		☐ Computerization of Welding

9. American with Disabilities Act Accommodations

☐ By checking this box I am requesting special accommodations due to a disability. AWS is committed to complying fully with the ADA. Click here for a copy of the accommodations request package.

Will you be using a glucose meter during your exam?   Yes ☐   No ☐

10. Qualifying Work Experience – Resumes not accepted.

_____ I attest to having no period of continuous inactivity greater than two years during the previous three years of certification. I understand that work
(Initial) experience documented on this application will be verified with both past and present employers.

Company Name		Type of Business	Company Phone Number
Company Street Address		**City, State, Zip Code**	
Supervisor's Name		**Title of Immediate Supervisor**	
Supervisor's Email Address		**Department**	
Applicant's Job Title		**Employed From:** (Mo.) (Yr.)	**To**: (Mo.) (Yr.)
Job Responsibilities- *Detailed Description Required*			

**DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER**

11. Visual Acuity Form

A current Visual Acuity Form must be completed and submitted along with this application. To download a copy of the form, please visit our website.

12. Photo Requirement

Applicants **MUST** submit one (1) passport-style color photograph. Your photo is a vital part of your application. To learn more, review the information on how to provide a suitable photo to avoid processing delays by visiting our website. The acceptance of your photo is always at the discretion of the AWS.

Print your name and AWS membership number on the reverse of the photograph.

DO NOT STAPLE OR PAPER CLIP PHOTO
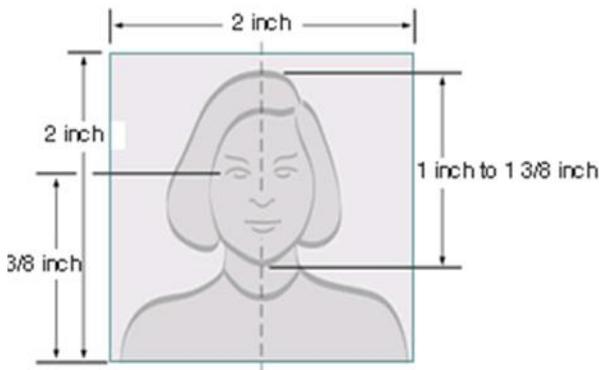
*Photos copied or digitally scanned from driver's licenses or other official documents are **not acceptable**.*

Only use scotch tape on the back of the photo

Name: _____   **AWS Member #** _____

Requirements:

Refer to AWS QC1, Standard for AWS Certification of Welding Inspectors for further details.

- o Before the end of the ninth year from the date of initial certification, and each nine years thereafter, CWIs seeking recertification shall satisfy either 16.3.1 or 16.3.2.
- o AWS will accept your applications up to 11 months prior to expiration. We highly recommend sending your renewal application 60 days prior to your expiration date to allow sufficient processing time.
- o AWS may send a renewal notice, but if not received, *it remains the responsibility of the SCWI/CWI to renew on time*.
- o The CWI shall attest to having no period of continuous inactivity greater than two years in activities as described in AWS B5.1, Specification for the Qualification of Welding Inspectors, during the previous three years of certification, and shall present evidence of activities meeting the requirements of 16.4 or 16.5 of this specification.
- o CWI recertification by taking the Part B Practical examination or by taking a Committee-approved endorsement, and meeting the requirements of 6.2.2 of this specification. The endorsement will not need to be current at the time of application for recertification.
- o A minimum of eighty (80) PDHs must be earned (training received or instruction delivered) during the nine-year certification period and twenty (20) of those 80 PDHs must be earned in the final three-year period

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13. Terms and Conditions - Please check, date, and sign below.

Certified Welding Inspector

QC1 Standard for the AWS Certification of Welding Inspectors
B5.1 Specification for the Qualification of Welding Inspectors

☐ I hereby certify that I have read the standard requirements contained in the certification programs indicated above. Further, I agree to comply with the existing requirements and any subsequent requirements that may be instituted by AWS. I have read and agree to the terms and conditions set forth in the AWS Policies and Fees form. 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. I further understand that any required information that is incomplete or missing will cancel this registration.

Furthermore, I certify that I have not obtained any exam materials, have no prior knowledge of the AWS exam questions or answers, and have not and will not accept any solicitation for the AWS exam questions or answers from anyone at any time before, during, or after the exam as stated on the Exam Security Agreement and General Terms of Use (Please click and read this link prior to accepting the Terms and Conditions. You will be required to sign this form on exam day). I understand that a violation of this oath may be grounds for invalidation of my certification and may be grounds for expulsion from any future testing.

Applicant's Signature _____   Date _____

14. Continuing Education and/or Teaching Credit

Complete this section only if submitting 80 Personal Development Hours, include certificate of completion and course description and/or syllabus. Duplicate this page as necessary. For details regarding documentation of PDHs please refer to QC1 section 16.5. www.aws.org/library/doclib/QC1-2007.pdf#page=19#

Example:

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

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

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

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

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

Name: _____   AWS Member # _____

VISUAL ACUITY FORM

Member #: _____ Email address: _____ Date:_____

Last Name: _____ First Name: _____ MI:_____

Applicant

This form must be submitted for all SCWI/CWI/CAWI/CRI/CWEng applications ONLY.

AWS will not release exam results, recertification results, or renewals without a completed Visual Acuity Record on file.

IMPORTANT: This completed Visual Acuity Form must be sent to the AWS Certification Department along with the application. Applicants who have not fulfilled all requirements and/or have not submitted the form, shall have test scores/application voided and may be in jeopardy of forfeiting application fees. This form may be sent via email or mail.

Eye Examination

Eye examinations shall be administered by an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician's Assistant or by other ophthalmic medical personnel and must include the state or province license number. Examinations shall be performed not more than one (1) year prior to the date of the certification examination or the expiration date for renewals and recertifications. New visual acuity records do not need to be supplied for retests occurring within one (1) year from the original examination date.

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12 in. or greater (≥30.5 cm). All applicants shall take a color perception test. Eye examination results must be documented on this Visual Acuity Record form supplied by the AWS Certification Department. **No other forms will be accepted.**

1. The following must be completed by the eye examiner:

A. Verify the customer's close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater(≥30.5 cm)
(Check ONLY one of the following for each eye)

OD	OS		AWS Use Only
☐	☐	Requires corrected vision to read Jaegar J2 at 12 in. or greater.	W
☐	☐	No correction is required to read Jaegar J2 at 12 in. or greater.	O
☐	☐	Unable to read Jaegar J2 at 12 in. or greater even with attempt at correction.	NQ

B. Through a color perception examination, is the applicant colorblind?
(Check ONLY one of the following for each eye)

OD	OS		AWS Use Only
☐	☐	Customer IS NOT colorblind	C
☐	☐	Customer IS colorblind.	B

3. Examiner's Contact Information *(print clearly)*

Customer Name: _____ Date of eye exam: _____

Examiner Name: _____ Phone Number: _____

Examiner Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

4. Examiner professional status *(check only one)*

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

Examiner Signature: _____ State/Prov. License number: _____