



**CAWI/CWI INITIAL APPLICATION  
 Checklist & Payment Form**

*For your convenience, please use our [Certification Application Portal](#).  
 Effective November 15<sup>th</sup>, 2019, applications will be charged an additional non-refundable \$125.00 if sent to AWS by email or paper.*

**Applicants Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

<input type="checkbox"/>	Personal Information – Last, First, and Middle initial <b>MUST</b> be completed.
<input type="checkbox"/>	<b>Sec. 1: Payment Method</b> – Payment must accompany this application-
<input type="checkbox"/>	<b>Sec. 2: Personal Information</b> – Name must match your current government issued ID or Passport
<input type="checkbox"/>	<b>Sec. 3: Exam Location</b> – Site Code (if Applicable), Exam Date, City/State, and Submission Deadline
<input type="checkbox"/>	<b>Sec. 4: Codebook Package selection</b> – select only <u>one</u> codebook for examination or Exam Only
<input type="checkbox"/>	<b>Sec. 5: Associations</b> – Type of Business, Job Classification and Technical Interests.
<input type="checkbox"/>	<b>Sec. 6: Qualifying Education and Experience Requirements</b> – must include a copy of degree
<input type="checkbox"/>	<b>Sec. 7: Qualifying Work Experience</b> – <u>must</u> be completed for each employer to meet minimum work experience requirement. All fields are mandatory.
<input type="checkbox"/>	<b>Sec. 8: Employment Verification</b> – QWE <u>must</u> be submitted for the company signing this section. All fields are mandatory.
<input type="checkbox"/>	<b>Sec. 9: Visual Acuity Form</b> – (VAF) 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.
<input type="checkbox"/>	<b>Sec. 10: American Disabilities Act (ADA)</b> : if applicable, candidate must print a copy of our <a href="http://www.aws.org/ada-disability-accommodations">ADA package</a> and follow the instructions. <a href="http://www.aws.org/ada-disability-accommodations">www.aws.org/ada-disability-accommodations</a>
<input type="checkbox"/>	<b>Sec. 11: Photo Requirement</b> – To learn more, review the information on how to provide a suitable photo for your wallet card on our web <a href="http://www.aws.org/certification">www.aws.org/certification</a>
<input type="checkbox"/>	<b>Sec. 12: Proof of Identity</b> – current color copy of government passport or national ID
<input type="checkbox"/>	<b>Sec. 13: CWI by IIW Waiver</b> – current color copy of your diploma with this application if you wish to obtain the Part A waiver
<input type="checkbox"/>	<b>Sec. 14: Terms and Conditions</b> - This section of the application must be read, checked, dated, and signed by the applicant taking the exam.

**1. Method of Payment - Payment must accompany this application** **AWS USE ONLY**

<p><input type="checkbox"/> <i>Check if billing address is different from mailing, provide below.</i></p> <p>_____</p> <p><b>All checks and money orders made payable to AWS</b></p> <p><input type="checkbox"/> Check or money order # _____</p> <p><input type="checkbox"/> VISA   <input type="checkbox"/> MC   <input type="checkbox"/> AMEX   <input type="checkbox"/> Discover</p> <p>CC#: _____ Exp: _____</p> <p>SIGNATURE: _____ CVV: _____</p>	<p>Acct #: _____</p> <p>Date: _____</p> <p>Amt\$: _____ <b>CWI</b></p>
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## INITIAL CAWI/CWI EXAM APPLICATION

**Application must be completed and signed by the person taking the exam**

2. Personal Information		Name <u>must</u> match your current government issued ID or Passport	
Last Name	First Name	Middle Initial	
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. Exam Location -	Confirmation will be emailed in 3-4 weeks from receipt
1 <sup>st</sup> *Site Code: _____ Exam Date: _____ City/State: _____ Submission Deadline: _____	
2 <sup>nd</sup> *Site Code: _____ Exam Date: _____ City/State: _____ Submission Deadline: _____	
3 <sup>rd</sup> *Site Code: _____ Exam Date: _____ City/State: _____ Submission Deadline: _____	
<p><b>*Only if applicable</b></p> <p><b>NOTE:</b> If the first choice is not available, registration will indicate the next available choice site. <u>DO NOT</u> make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department via email.</p>	

4. Code Book: choose <u>one</u> of the package options below, or select "CWI Examination Only"	
<p><b>I. <input type="checkbox"/> D1.1 SEMINAR AND EXAM PACKAGE</b> <i>(code book included)</i></p> <ol style="list-style-type: none"> <li>1. CWI Seminar Week (D1.1 Focus)</li> <li>2. Online Resources (Includes D1.1 Training)</li> <li>3. Certification Exam</li> </ol> <p style="padding-left: 40px;"><input type="checkbox"/> Add CWI Pre-Seminar to package (online course only)</p>	<p><b>III. <input type="checkbox"/> CWI EXAMINATION ONLY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> AWS D1.1 – Structural Steel Code</li> <li><input type="checkbox"/> AWS D1.2 – Structural Aluminum Code*</li> <li><input type="checkbox"/> AWS D1.5 – Bridge Welding Code*</li> <li><input type="checkbox"/> AWS D15.1 – Railroad*</li> <li><input type="checkbox"/> AWS D17.1 – Aerospace*</li> <li><input type="checkbox"/> ASME Sections VIII (Div 1) &amp; IX*</li> <li><input type="checkbox"/> ASME Section IX, B31.1 and B31.3*</li> <li><input type="checkbox"/> API-1104 – Pipelines</li> </ul>
<p><b>II. <input type="checkbox"/> API 1104 SEMINAR AND EXAM PACKAGE</b> <i>(code book <u>not</u> provided)</i></p> <ol style="list-style-type: none"> <li>1. CWI Seminar Week (API 1104 Focus)</li> <li>2. Online Resources (Includes API 1104 Training)</li> <li>3. Certification Exam</li> </ol> <p style="padding-left: 40px;"><input type="checkbox"/> add CWI Pre-Seminar to package (online course only)</p>	<p><b>IV. <input type="checkbox"/> ONLINE SEMINAR PACKAGES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 8 Week Online Seminar + D1.1 Exam Package</li> <li><input type="checkbox"/> 8 Week Online Seminar + API 1104 Exam Package</li> <li style="padding-left: 40px;">2 Week Online Seminar + D1.1 Exam Package</li> <li style="padding-left: 40px;">2 Week Online Seminar+ API 1104 Exam Package</li> </ul>

## 5. Associations

TYPE OF BUSINESS (CHECK ONLY ONE)	Job Classification (check only ONE)	Technical Interests (check ALL that apply)
A <input type="checkbox"/> Contract Construction B <input type="checkbox"/> Chemicals & Allied products C <input type="checkbox"/> Petroleum & Coal Industries D <input type="checkbox"/> Primary Metal Industries E <input type="checkbox"/> Fabricated Metal Products F <input type="checkbox"/> Machinery Except Elect. (incl. Gas Welding) G <input type="checkbox"/> Electrical Equip., Supplies, Electrodes H <input type="checkbox"/> Transportation Equip. - Air, Aerospace I <input type="checkbox"/> Transportation Equip. - Automotive J <input type="checkbox"/> Transportation Equip. - Boats, Ships K <input type="checkbox"/> Transportation Equip. - Railroad L <input type="checkbox"/> Utilities M <input type="checkbox"/> Welding Distributors & Retail Trade N <input type="checkbox"/> Misc. Repair Services (incl. welding Shops) O <input type="checkbox"/> Educational Services (Univ, Libraries, Schools) P <input type="checkbox"/> Engineering & Architectural Serv. (Incl. Ass.) Q <input type="checkbox"/> Misc. Business Services (Incl. Comm. Labs) R <input type="checkbox"/> Government (Federal, State, Local) S <input type="checkbox"/> Other	01 <input type="checkbox"/> President, owner, partner, officer 02 <input type="checkbox"/> Manager, Director, Superint. (or assistant) 03 <input type="checkbox"/> Sales 04 <input type="checkbox"/> Purchasing 05 <input type="checkbox"/> Engineer — welding 06 <input type="checkbox"/> Engineer — other 07 <input type="checkbox"/> Inspector, tester 08 <input type="checkbox"/> Supervisor, foreman 09 <input type="checkbox"/> Welder, welding or cutting operator 10 <input type="checkbox"/> Architect, designer 11 <input type="checkbox"/> Consultant 12 <input type="checkbox"/> Metallurgist 13 <input type="checkbox"/> Research & development 14 <input type="checkbox"/> Technician 15 <input type="checkbox"/> Educator 16 <input type="checkbox"/> Student 17 <input type="checkbox"/> Librarian 18 <input type="checkbox"/> Customer service 19 <input type="checkbox"/> Other 20 <input type="checkbox"/> Engineer - design 21 <input type="checkbox"/> Engineer - manufacturing 22 <input type="checkbox"/> Quality Control	<input type="checkbox"/> Robotics <input type="checkbox"/> Computerization of Welding <input type="checkbox"/> Ferrous Metals <input type="checkbox"/> Aluminum <input type="checkbox"/> Nonferrous Metals Except Aluminum <input type="checkbox"/> Advance Materials/Intermetallics <input type="checkbox"/> Ceramics <input type="checkbox"/> High Energy Beam Process <input type="checkbox"/> Arc Welding <input type="checkbox"/> Brazing & Soldering <input type="checkbox"/> Resistance Welding <input type="checkbox"/> Thermal Spray <input type="checkbox"/> Cutting <input type="checkbox"/> NDT <input type="checkbox"/> Safety & Health <input type="checkbox"/> Bending & Shearing <input type="checkbox"/> Roll Forming <input type="checkbox"/> Stamping & Punching <input type="checkbox"/> Aerospace <input type="checkbox"/> Machinery <input type="checkbox"/> Marine <input type="checkbox"/> Piping & Tubing <input type="checkbox"/> Pressure Vessels & Tanks <input type="checkbox"/> Sheet Metal <input type="checkbox"/> Structures <input type="checkbox"/> Other <input type="checkbox"/> Automation <input type="checkbox"/> Computerization of Welding

## 6. Qualifying Education and Experience Requirements

Check the box indicating your highest level of education. If using education for work experience, you must include a copy of transcripts for engineering, engineering technology, physical science or vocational education courses.

Minimum Education Level	Minimum Work History	
	CAWI	CWI
<input type="checkbox"/> Completed less than 8 <sup>th</sup> grade	6 years	12 years
<input type="checkbox"/> Completed 8 <sup>th</sup> grade (You can combine 1 yr. Vo-Tech + 3 yrs. Work Experience to meet the min. requirements for CAWI)	4 years	9 years
<input type="checkbox"/> High Diploma or GED	2 Years	5 years
<input type="checkbox"/> High school diploma plus one-year engineering/technical school courses or one or more years of vocational education and training in a welding curriculum.	1 Year	4 years
<input type="checkbox"/> High school diploma plus two or more years engineering/technical school courses.	6 Months	3 years
<input type="checkbox"/> Associate or higher degree in engineering technology, engineering, or a physical science.	6 Months	2 years
<input type="checkbox"/> Bachelor or higher degree in welding engineering or welding technology	6 Months	1 year

## 7. Qualifying Work Experience: - Resumes not accepted -

**ALL FIELDS ARE MANDATORY**

DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER

Company Name		Type of Business		Company Phone Number	
Company Street Address				City, Province, Country, Postal Code	
Supervisor's Name			Title of Immediate Supervisor		
Supervisor's Email Address				Department	
Applicant's Job Title			Dates of Employment		
			From (Mo.) (Yr.)		To (Mo.) (Yr.)
Job Responsibilities: <i>Detailed Description Required</i>					

## 8. Employment Verification

- This section **MUST** be completed by a supervisor or personnel manager for the most recent or current employer indicated above.
- Self-employed or contract applicants must substitute this section with a letter of reference on company letterhead from two (2) separate clients attesting to:
  - the nature of work assignments during the period of performance
  - type of work done
  - length of time as a client
- If the employer is no longer in business, include a copy of the W2 form.

Company Name: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

I \_\_\_\_\_, verify that \_\_\_\_\_ maintained employment at

Supervisor/Personnel Manager's Name

Employee's Name (print)

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Company

Date mm/yyyy

Date mm/yyyy or Present

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

Supervisor/Personnel Manager's Name

Month/Day/Year

Name: \_\_\_\_\_ Member #: \_\_\_\_\_

## Additional Qualifying Work Experience

<b>Company Name</b>	<b>Type of Business</b>	<b>Company Phone Number</b>	
<b>Company Street Address</b>		<b>City, State, Zip Code</b>	
<b>Supervisor's Name</b>		<b>Title of Immediate Supervisor</b>	
<b>Supervisor's Email Address</b>		<b>Department</b>	
<b>Applicant's Job Title</b>		<b>Employed From:</b> (MM/YYYY)	<b>To:</b> (MM/YYYY)
<b>Job Responsibilities- Detailed Description Required*</b>			

<b>Company Name</b>	<b>Type of Business</b>	<b>Company Phone Number</b>	
<b>Company Street Address</b>		<b>City, State, Zip Code</b>	
<b>Supervisor's Name</b>		<b>Title of Immediate Supervisor</b>	
<b>Supervisor's Email Address</b>		<b>Department</b>	
<b>Applicant's Job Title</b>		<b>Employed From:</b> (MM/YYYY)	<b>To:</b> (MM/YYYY)
<b>Job Responsibilities- Detailed Description Required*</b>			

<b>Company Name</b>	<b>Type of Business</b>	<b>Company Phone Number</b>	
<b>Company Street Address</b>		<b>City, State, Zip Code</b>	
<b>Supervisor's Name</b>		<b>Title of Immediate Supervisor</b>	
<b>Supervisor's Email Address</b>		<b>Department</b>	
<b>Applicant's Job Title</b>		<b>Employed From:</b> (MM/YYYY)	<b>To:</b> (MM/YYYY)
<b>Job Responsibilities- Detailed Description Required*</b>			

Name: \_\_\_\_\_ Member #: \_\_\_\_\_

## Additional Qualifying Work Experience

<b>Company Name</b>	<b>Type of Business</b>	<b>Company Phone Number</b>	
<b>Company Street Address</b>		<b>City, State, Zip Code</b>	
<b>Supervisor's Name</b>		<b>Title of Immediate Supervisor</b>	
<b>Supervisor's Email Address</b>		<b>Department</b>	
<b>Applicant's Job Title</b>		<b>Employed From:</b> (MM/YYYY)	<b>To:</b> (MM/YYYY)
<b>Job Responsibilities- Detailed Description Required*</b>			

<b>Company Name</b>	<b>Type of Business</b>	<b>Company Phone Number</b>	
<b>Company Street Address</b>		<b>City, State, Zip Code</b>	
<b>Supervisor's Name</b>		<b>Title of Immediate Supervisor</b>	
<b>Supervisor's Email Address</b>		<b>Department</b>	
<b>Applicant's Job Title</b>		<b>Employed From:</b> (MM/YYYY)	<b>To:</b> (MM/YYYY)
<b>Job Responsibilities- Detailed Description Required*</b>			

<b>Company Name</b>	<b>Type of Business</b>	<b>Company Phone Number</b>	
<b>Company Street Address</b>		<b>City, State, Zip Code</b>	
<b>Supervisor's Name</b>		<b>Title of Immediate Supervisor</b>	
<b>Supervisor's Email Address</b>		<b>Department</b>	
<b>Applicant's Job Title</b>		<b>Employed From:</b> (MM/YYYY)	<b>To:</b> (MM/YYYY)
<b>Job Responsibilities- Detailed Description Required*</b>			

## 9. Visual Acuity Form

A current Visual Acuity Form must be completed and submitted along with this application (page 7 of this application).

## 10. American with Disabilities Act Accommodations ADA Request and documentation needs to be submitted 6 weeks prior to seminar and exam week

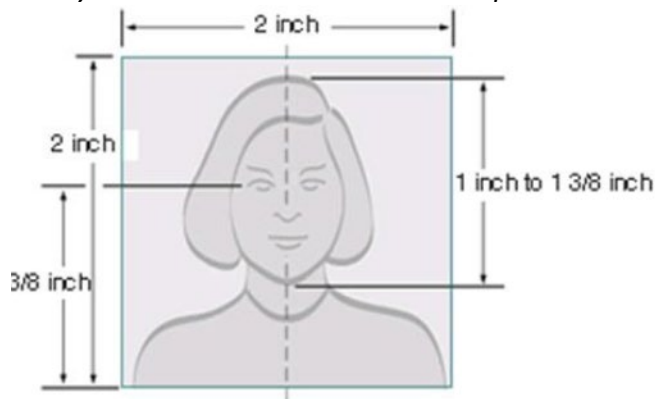
By checking this box, I am requesting special accommodations due to a disability. AWS is committed to complying fully with the ADA. For a copy of the accommodations request package please visit our web: [www.aws.org/ada-disability-accommodations](http://www.aws.org/ada-disability-accommodations)

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

## 11. 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.*



*Photos copied or digitally scanned from driver's licenses or other official documents are **not acceptable**.*

**DO NOT STAPLE OR PAPER CLIP PHOTO**

## 12. Proof of Identity

Please attach a color copy of your current Government issued ID to this application, such as a driver's license or passport.

## 13. IIW Waiver

AWS offers a waiver for the Part A portion of the CWI exam if the applicant can demonstrate a current diploma from the International Institute of Welding (IIW). Please include a color copy of your diploma with this application if you wish to obtain the Part A waiver. AWS staff will verify the diploma's authenticity. The diplomas by IIW that are accepted for this exception are limited to International Welding Engineer (IWE), International Welding Inspector (IWIP), International Welding Specialist (IWS), and International Welding Technologist (IWT).

# CANDIDATE ATTESTATION AGREEMENT

## PROGRAM AND REGISTRATION TERMS, POLICIES, AND FEES

I hereby attest that I have read the program requirements contained in the following program document:

- [QC1 Specification for the AWS Certification of Welding Inspectors](#)
- [B5.1 Specification for the Qualification of Welding Inspectors](#)

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 attest 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 Specification 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.

## CODE OF ETHICS, RULES OF CONDUCT AND PRACTICE

I attest that I have thoroughly read QC1: 2016-AMD 1 *Specification for the AWS Certification of Welding Inspectors, Clause 11 - Code of Ethics, Rules of Conduct and Practice* and agree to comply with it.

[Administrative Procedures for Alleged Violations of AWS Certification Programs](#)

## EXAMINATION POLICIES AND RULES

Furthermore, I attest 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 [Candidate Attestation Agreement](#) (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. AWS may send text alerts regarding your seminar and/or exam site information or status.

## COVID-19/COMMUNICABLE DISEASE LIABILITY POLICIES AND WAIVER

Furthermore, I attest that I have read and understand the [COVID-19/Communicable Disease Liability Waiver requirements](#). I attest that I understand that I will be asked to sign this waiver at the start of any AWS seminar, class, exam, or other AWS event. I further understand that failing to agree to the pronouncements in the waiver will disqualify me from participating in the event, and I will be barred from entering the event room or participating the event. I further understand that being barred for failing to agree to the pronouncements will result in forfeiture of all registration fees. I understand that I will also be barred from the event if I do not attest to both of the COVID-19 statements related to recent symptoms and exposure risks.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_



# VISUAL ACUITY FORM

Member #: \_\_\_\_\_ Online Order #: \_\_\_\_\_ Site Code: \_\_\_\_\_ 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	
<input type="checkbox"/>	<input type="checkbox"/>	Requires corrected vision to read Jaeger J2 at 12 in. or greater.
<input type="checkbox"/>	<input type="checkbox"/>	No correction is required to read Jaeger J2 at 12 in. or greater.
<input type="checkbox"/>	<input type="checkbox"/>	Unable to read Jaeger J2 at 12 in. or greater even with attempt at correction.

AWS Use Only
W
O
NQ

#### B. Through a color perception examination, is the applicant colorblind?

(Check ONLY one of the following for each eye)

OD	OS	
<input type="checkbox"/>	<input type="checkbox"/>	Customer IS NOT colorblind
<input type="checkbox"/>	<input type="checkbox"/>	Customer IS colorblind.

AWS Use Only
C
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: \_\_\_\_\_