



# American Welding Society

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

## CWI 9<sup>th</sup> Year Application Checklist 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 fee of \$125.00 if sent to  
AWS by email or paper.*

**Applicants Information:**  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Certification #: \_\_\_\_\_

	Check sections for compliance.	<i>*Incomplete applications will not be processed.</i>
<input type="checkbox"/>	Personal Information – Last, First, and Middle initial <b>MUST</b> be completed, including Certification number.	
<input type="checkbox"/>	<b>Sec. 1: Payment Information</b> - Payment <b>MUST</b> accompany this application.	
<input type="checkbox"/>	<b>Sec. 2: Personal Information</b> – Last, First, and Middle initial <b>MUST</b> be completed.	
<input type="checkbox"/>	<b>Sec. 3: Member Information and Certification number</b>	
<input type="checkbox"/>	<b>Sec. 4: Recertification by Exam Option</b> – if recertifying by exam and/or taking a Seminar, please check this option.	
<input type="checkbox"/>	<b>Sec. 5: Recertification by Non- Exam Option</b> - if recertifying by non-exam, please check one option.	
<input type="checkbox"/>	<b>Sec. 6: Exam Location</b> – Site Code (if Applicable), Exam Date, City/State, and Submission Deadline	
<input type="checkbox"/>	<b>Sec. 7: Proof of Identity</b> – current color copy of government passport or national ID	
<input type="checkbox"/>	<b>Sec. 8: Associations</b> – Type of Business, Job Classification and Technical Interests.	
<input type="checkbox"/>	<b>Sec. 9: 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. 10: Qualifying Work Experience</b> - <b>MUST</b> be completed for each employer to meet minimum work experience requirement. All fields are mandatory.	
<input type="checkbox"/>	<b>Sec. 11: Visual Acuity Form</b> – Eye Examinations shall be performed not more than one (1) year prior to the date of certification. Applicants shall submit results to the AWS certification department along with their application.	
<input type="checkbox"/>	<b>Sec. 12: Photo Requirement</b> – To learn more, review the information on how to provide a suitable <a href="#">photo</a> to avoid processing delays by visiting our website <a href="http://www.aws.org/certification/page/photo-id-requirements">www.aws.org/certification/page/photo-id-requirements</a>	
<input type="checkbox"/>	<b>Sec. 13: Terms and Conditions</b> - This section of the application must be read, checked, dated, and signed by the applicant taking the exam.	
<input type="checkbox"/>	<b>Sec. 14: Continuing Education and/or Teaching Credit</b> - 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
<input type="checkbox"/> <i>Check if billing address is different from mailing</i> _____ _____	Acct #: _____  Date: _____  Amt\$: _____ <b>CWI</b>
<b>All checks and money orders made payable to AWS</b> <input type="checkbox"/> Check or money order # _____ <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	
CC#: _____ / _____ / _____ / _____      Exp: _____ / _____	
SIGNATURE : _____      CVV: _____	

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

**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): Sample

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

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

5c.  Endorsement- Achieved prior 9<sup>th</sup> 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](#)

1<sup>st</sup> Site Code \_\_\_\_\_ Date \_\_\_\_\_ City/State \_\_\_\_\_ \*Submission Deadline \_\_\_\_\_

2<sup>nd</sup> Site Code \_\_\_\_\_ Date \_\_\_\_\_ City/State \_\_\_\_\_ \*Submission Deadline \_\_\_\_\_

3<sup>rd</sup> 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.***

## 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

**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.**

\_\_\_\_\_  
(Initial) I attest to having no period of continuous inactivity greater than two years during the previous three years of certification. I understand that work 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:		To:
			(Mo.)	(Yr.)	(Mo.) (Yr.)
Job Responsibilities- Detailed Description Required					

DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER

**11. Visual Acuity Form**

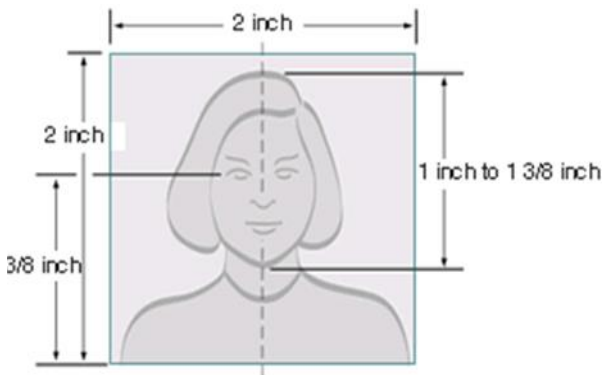
A current Visual Acuity Form must be completed and submitted along with this application. To download a copy of the form, please visit our [website](#).

**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**

# 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: \_\_\_\_\_

**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#](http://www.aws.org/library/doclib/QC1-2007.pdf#page=19#)

**Example:**

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

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

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

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

<u>PDH</u>	<u>Institution or provider name and contact information:</u>	<u>Title of course or seminar:</u>
	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 ( $\geq 30.5$  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 ( $\geq 30.5$ 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: \_\_\_\_\_