

RENEWAL APPLICATION

CWI/SCWI 3rd and 6th Year

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

1. Personal Information

Name **must** match your current government issued ID or Passport

Surname	First Name	
Street Address		
City/Providence/Country	Postal Code	Date of Birth
Email	Mobile Phone	

2. Check and complete the following:

Are you an AWS Member? ☐ Yes ☐ No If yes, please provide your Member #. 번호기입(만료된 번호도 무관합니다)
company Membership not

☐ CWI ☐ SCWI Certification number: 번호기입 Exp. Date: 만료일자

3. Renewal (choose one)

☐ CWI and SCWI renewal by work experience **complete sections 1,2,3, 5, 6, 8,9, 10.**

The WI requesting renewal of certification shall attest to having no period of continuous inactivity greater than two years during the previous three years of certification.

☐ CWI and SCWI renewal by examination **Complete sections 1-5, 7,8, 9, 10, 11.**

WI not meeting the work experience requirements for renewal may renew by taking the CWI part B Practical exam and meet the scoring requirements of 6.2.2 of QC1.

4. Exam site code Indicate the exam location of your choice: Confirmation will be emailed in 3-4 weeks from receipt.

1st Site Code: _____ Exam Date: _____ City/State: _____ *Submission Deadline: _____

2nd Site Code: _____ Exam Date: _____ City/State: _____ *Submission Deadline: _____

3rd Site Code: _____ Exam 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. [Exam Schedule](#)

5. 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 (or assistant)	☐ 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
P ☐ Engineering & architectural services (incl. assns.)	16 ☐ Student	☐ Structures
Q ☐ Misc. business services (incl. commercial labs)	17 ☐ Librarian	☐ Roll Forming
R ☐ Government (federal, state, local)	18 ☐ Customer service	☐ Sheet metal
S ☐ Other	19 ☐ Other	☐ Stamping & punching
	20 ☐ Engineer - design	☐ Bending & shearing
	21 ☐ Engineer - manufacturing	☐ Aerospace
	22 ☐ Quality Control	☐ Automotive
		☐ Machinery
		☐ Marine
		☐ Other
		☐ Automation
		☐ Robotics
		☐ Computerization of Welding

6. Qualifying Work Experience: - Resumes not accepted -**ALL FIELDS ARE MANDATORY**

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

- The period of validity for AWS SCWI and CWI certification is three (3) years. The SCWI/CWI shall be responsible for maintaining a current address with the AWS Certification Department. To be eligible for renewal, the CWI must:
 - 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.**
- The SCWI/CWI requesting renewal of certification shall attest to having no period of continuous inactivity greater than two years in activities described in AWS [B5.1](#) and [QC1](#) during the previous three years of certification.
 - o SCWI/CWI not meeting the requirements of 15.4 from AWS [QC1](#) may renew by taking the CWI part B Practical exam and meet the scoring requirements of 6.2.2 of [QC1](#).
- SCWI/CWI certification renewals are limited to two consecutive three-year periods.

Company Name	Type of Business	Company Phone Number	
Company Street Address		City, State, Postal 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			

(Reproduce this section for each additional employer)**7. 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 ☐

8. Visual Acuity Form

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

9. 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.



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

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

Only use scotch tape on the back of the photo.

Certified Welding Inspector[QC1 Standard 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 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.

EXAMINATION POLICIES AND RULES

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 [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.

COVID-19/COMMUNICABLE DISEASE LIABILITY POLICIES AND WAIVER

Furthermore, I certify that I have read and understand the [COVID-19/Communicable Disease Liability Waiver requirements](#). I certify 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 COVID-19 statements related to recent symptoms and exposure risks.

Applicant's Signature _____ 서명 _____ Date _____



AWS Member #: _____

EMPLOYMENT VERIFICATION

Personal Information

Name **must** match your current government issued 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#	

Job Description

Page 3 내용과 일치하게 기록 요망

- This section BELOW **MUST** be completed by a supervisor or personnel manager for the **most recent or current employer**.
- 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 copy of the W2 form.

Company Name: _____ Company Phone: _____

Company Address: _____

City, State: _____ Zip Code: _____ Country: _____

I _____, verify that _____ maintained

Supervisor/Personnel Manager's Name (print)

Employee's Name (print)

employment at _____ from **02/2023** to **11/2025**

Company Name

Date: mm/yyyy

Date: mm/yyyy

Signature: _____

메니저 서명 필수 !

Supervisor/Personnel Manager's Name

Date: _____

12/23/2025

Month/Day/Year

VISUAL ACUITY FORM

Member #: _____ Email address: _____ Date: _____

Last Name: _____ First Name: _____ MI: _____

Applicant

This form must **기본 정보 입력 후 출력하셔서 병원/안경점에서 정보기록 및 서명 받으시면 됩니다**
 AWS will not re

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	
☐	☐	Requires corrected vision to read Jaeger J2 at 12 in. or greater.
☐	☐	No correction is required to read Jaeger J2 at 12 in. or greater.
☐	☐	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	
☐	☐	Customer IS NOT colorblind
☐	☐	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: _____