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

CWI/SCWI RENEWAL APPLICATION
For International Agents

[주의 사항]
1)pc를 이용하여, 양식에 입력하시기 바랍니다. 시력검사표, 서명란을 제외하고 손으로 작성금지.
2) 제출전 표기된 주의 사항은 삭제 요망.
3) Page 8에 회사발행 영문 경력 증명서를 필히 첨부하여 주시기 바랍니다.

Applicants Information:

Last Name: _____ **First Name:** _____ **Middle:** _____

Check sections for compliance.

✔	Personal Information – Last, First, and Middle initial **MUST** be completed.
✔	**Sec. 1: Personal Information –** Name must match your current government issued ID or Passport.
✔	**Sec. 2: Member Information –** Please complete if you are a member.
✔	**Sec. 3: Renewal -** Please select your renewal.
☐	**Sec. 4: Exam Location** – Site Code (if Applicable), Exam Date, City/State, and Submission Deadline
✔	**Sec. 5: Associations –** Type of Business, Job Classification and Technical Interests**.**
✔	**Sec. 6: Qualifying Work Experience**– **must** be completed for each employer to meet minimum work experience Requirement. All fields are mandatory.
☐	**Sec. 7: 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. 8: 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. 9: Photo Requirement** – To learn more, review the information on how to provide a suitable photo for your wallet card on our web www.aws.org/certification/page/photo-id-requirements
✔	**Sec. 10: Terms and Conditions -** This section of the application must be read, checked, dated, and signed by the

Name _____ AWS Member # _____

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 #: _____ *Company Membership not*

☑ CWI ☐ SCWI Certification number: _____ Exp. Date: _____

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**

Name _____ AWS Member # _____

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

Name _____ AWS Member # _____

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:
  - 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.
  - 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.
  - 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: (Mo.) (Yr.)	To: (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.

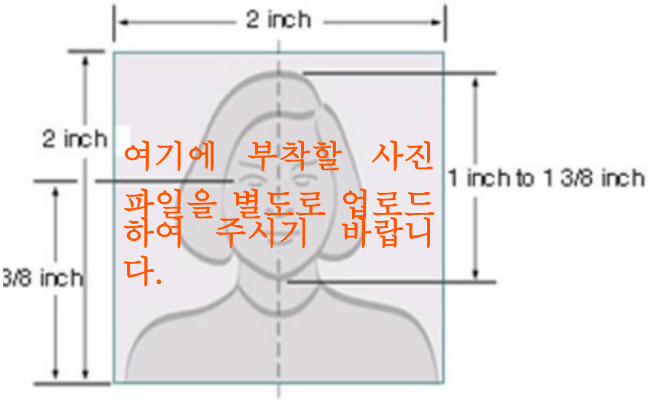
Will you be using a glucose meter during your exam? Yes ☐ No ☐

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.

Name _____ AWS Member # _____

10. Candidate Attestation Agreement- 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 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 _____ Date _____

서명 및 날자 기록 필수 사항입니다.!!

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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

- 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: S.Korea

I _____ , verify that _____ maintained
Supervisor/Personnel Manager's Name (print) Employee's Name (print)

employment at _____ from _____/_____ to _____/_____
Company Name Date: mm/yyyy Date: mm/yyyy

Signature: _____ Date: _____
Supervisor/Personnel Manager's Name Month/Day/Year

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Email certification@aws.org

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: _____ Examiner Email: _____

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: _____