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

CAWI/CWI INITIAL APPLICATION
For International Agents

Applicant's Information:

Surname: Lee **First Name:** _____

Check sections for compliance. ***Incomplete application will not be processed.***	
☑	Personal Information – Surname, First, and Middle initial **MUST** be completed
☑	**Sec. 1: Personal Information –** Name must match your current government issued ID or Passport
☑	**Sec. 2: Exam Location** – Site Code (if Applicable), Exam Date, City/State, and Submission Deadline
☑	**Sec. 3: Codebook Package selection** – select only one codebook for examination or Exam Only
☑	**Sec. 4: Associations** – Type of Business, Job Classification and Technical Interests.
☑	**Sec. 5: Qualifying Education and Experience Requirements** – must include a copy of degree
☑	**Sec. 6: Qualifying Work Experience**– **must** be completed for each employer to meet minimum work experience requirement. All fields are mandatory.
☑	**Sec. 7: Employment Verification**– QWE **must** be submitted for the company signing this section. All fields are mandatory.
☑	**Sec. 8: Visual Acuity Form** – (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.
☐	**Sec. 9: Proof of Identity** – current color copy of government passport or national ID
☑	**Sec. 10: Photo Requirement** – To learn more, review the information on how to provide a suitable photo HERE or visit http://www.aws.org/certification/page/photo-id-requirements
☐	**Sec. 11: IIW Waiver (optional)** - if seeking to be exempt from taking Part A (Fundamentals) of the CWI exam, include a color copy of your IIW Diploma. More about this Part A waiver HERE or visit https://www.aws.org/certification/page/cwi-by-iiw-diploma
☐	**Sec. 12: Terms and Conditions -** This section of the application must be read, checked, dated, and signed by the applicant taking the exam.

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**	
Lee		
Street Address		
City/Province/Country	**Postal Code**	**Date of Birth** (mm/dd/yyyy) 01/30/1990
Email	**Mobile Phone** +82-10-	

2. Exam Location - *Confirmation will be emailed in 3-4 weeks from receipt*

Site Code: _____ Exam Date: _____ Name of Agency: **KETC Korea Co., Ltd.**

***Only if applicable**

3. Code Book: choose one of the package options below, or select "CWI Examination Only"

CODEBOOK (PART C)

- ☐ AWS D1.1 – Structural Steel Code
- ☐ AWS D1.2 – Structural Aluminum Code
- ☐ AWS D1.5 – Bridge Welding Code
- ☐ AWS D15.1 – Railroad
- ☐ AWS D17.1 – Aerospace
- ☐ ASME BPVC Section VIII, Div. 1 and Section IX
- ☐ ASME BPVC Section IX, Power B31.1 and Process B31.3 Piping
- ☐ API-1104 – Pipelines
- ☐ ISO Standards

LANGUAGE*

- ☐ English
- ☐ Chinese
- ☐ Spanish
- ☐ Russian
- ☐ Portuguese
- ☐ Japanese
- ■ Korean

* all exams have English translation

International Exam Schedule International Agent List International Bank Info

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

5. 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. Must include a copy of degree along with an official English translation.

Minimum Education Level	Minimum Work History CAWI	CWI
☐ Completed less than 8th grade	6 years	12 years
☐ Completed 8th grade (You can combine 1 yr. Vo-Tech + 3 yrs. Work Experience to meet the min. requirements for CAWI)	4 years	9 years
☐ High Diploma or GED	2 Years	5 years
☐ 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
☐ High school diploma plus two or more years engineering/technical school courses.	6 Months	3 years
■ Associate or higher degree in engineering technology, engineering, or a physical science.	6 Months	2 years
☐ Bachelor or higher degree in welding engineering or welding technology	6 Months	1 year

6. 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.) 01 (Yr.) 2020	To (Mo.) Present (Yr.)

Job Responsibilities
Detailed Description Required

**필수!! : 용접관련 수행업무를 3줄 이상 자세히 기록 요망. AWS에서 중점 검토 항목입니다.

7. 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: South Korea

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

_____ from 01 / 2020 to Present / _____
Company — Date **mm/yyyy** — Date **mm/yyyy** or Present

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

8. Visual Acuity Form

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

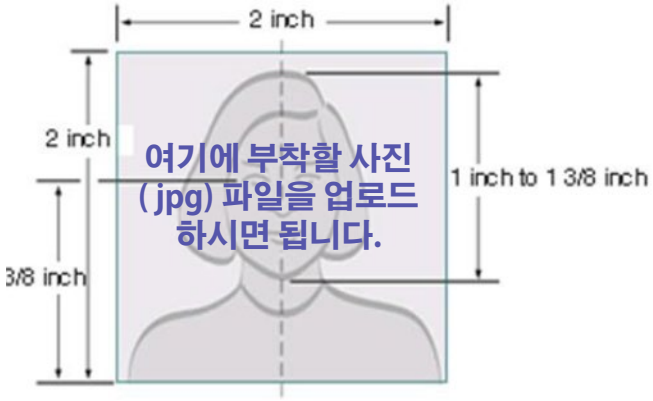
9. Proof of Identity

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

10. 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

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11. 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).

12. Candidate Attestation and General Terms of Use- Please check, date, and sign below.

PROGRAM AND REGISTRATION TERMS, POLICIES, AND FEES

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

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

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.

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. 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 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 of the COVID-19 statements related to recent symptoms and exposure risks.

Applicant's Signature _____ Date: _____

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American Welding Society
8669 NW 36 St, #130 Miami, FL 33166-6672
(800) 443-9353 extension 273
Email certification@aws.org

VISUAL ACUITY FORM

Member #: _____ Email address: _____ Date: _____

Last Name: Lee _____ 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: Lee _____ 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: _____