



# American Welding Society

550 NW LeJeune Rd Miami, FL 33126  
(800) 443-9353 or (305) 443-9353, ext. 273  
FAXED OR EMAILED APPLICATIONS ARE NOT ACCEPTED

# Certified Welding Inspector (CWI) 9-YEAR RECERTIFICATION APPLICATION

LAST NAME										FIRST NAME										MI									

**1. PLEASE COMPLETE THE FOLLOWING:**

YOUR AWS MEMBER # \_\_\_\_\_

YOUR CERTIFICATION # \_\_\_\_\_

**2A. RECERTIFICATION BY EXAM:** (please choose the exam type and complete Sections 4 through 8)

CWI Part B Practical Exam Only  
Member \$595 Non-Member \$810

CWI Exam Part B Exam & Visual Inspection Workshop  
Member \$1090 Non-Member \$1305

**2B. RECERTIFICATION BY ENDORSEMENT EXAM**  
ACHIEVED IN 9<sup>TH</sup> YEAR OF CERTIFICATION: (please choose the exam type and complete Sections 4 through 8)

AWS D1.1/D1.1M Structural Steel: 2010 edition *only*

API-1104 Pipelines: 20<sup>th</sup> edition with 2007 errata and addenda

AWS D1.2/D1.2M Structural Aluminum: 2003 or 2008 edition

AWS D1.5M/D1.5 Bridge: 2008 edition

AWS D15.1 Railroad: 2007 edition

ASME Section IX, B31.1 (both 2007), and B31.3 (2006)

ASME Section VIII, Div. 1 and Section IX (both 2007 editions with 2008 addenda)

Member \$870 Non-Member \$1085

**INDIVIDUAL CODE CLINICS**

D1.1 code clinic workshop (code book not supplied)  
Member \$375 Non-Member \$590

API-1104 code clinic workshop (code book not supplied)  
Member \$335 Non-Member \$550

**2C. RECERTIFICATION BY NON-EXAM OPTIONS:** (please check one of the options below)

80 Personal Development Hours (PDHs): *Please complete Sections 3 and 5 through 90.*  
Member \$595 Non-Member \$810

9-year Recertification Course: *Please complete Sections 3 through 8.*  
Member \$1625 Non-Member \$1840

By Endorsement: *Endorsement must have been achieved prior to your 9<sup>th</sup> year of certification and a copy of the certificate attached. Please complete Sections 3, and 5 through 8.*  
Member \$595 Non-Member \$810

**3. METHOD OF PAYMENT**

**Payment must accompany your application.**

Check or money order # \_\_\_\_\_

VISA  MC  AMEX  Diners  Discover

CC#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EXP DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

SIGNATURE

**AWS USE ONLY**

Date: \_\_\_\_\_ Acct #: \_\_\_\_\_

Amt\$: \_\_\_\_\_

**4. PLEASE INDICATE THE EXAM OR COURSE LOCATION OF YOUR CHOICE**

*PLEASE ALLOW 3-4 WEEKS PROCESS TIME. CONFIRMATION LETTERS WILL BE EMAILED UNLESS EMAIL ADDRESS IS NOT INDICATED IN SECTION 5.*

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:** AWS strongly recommends the applicant selects a second and third site location alternative. If the first choice is not available, the next available location will be selected. Please **do not** make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department.

LAST NAME:

FIRST NAME:

5. PLEASE COMPLETE THE FOLLOWING

MAILING ADDRESS

Grid for mailing address

ADDRESS (cont'd)

Grid for address (cont'd)

APT No.

CITY AND STATE / PROVINCE / COUNTRY

Grid for city and state / province / country

ZIP CODE

HOME TELEPHONE NUMBER

Grid for home telephone number

WORK TELEPHONE

Grid for work telephone

MOBILE TELEPHONE NUMBER

Grid for mobile telephone number

E-MAIL ADDRESS (CONFIRMATION NOTIFICATION WILL BE SENT TO THIS ADDRESS)

Grid for e-mail address

DATE OF BIRTH MM/DD/YY

Grid for date of birth

U.S. SOCIAL SECURITY NUMBER

Grid for U.S. social security number

6. Associations

Type of Business (Check ONE only)

- A Contract construction
B Chemicals & allied products
C Petroleum & coal industries
D Primary metal industries
E Fabricated metal products
F Machinery except elect. (incl. gas welding)
G Electrical equip. supplies, electrodes
H Transportation equip. - air, aerospace
I Transportation equip. - automotive
J Transportation equip. - boats, ships
K Transportation equip. - railroad
L Utilities
M Welding distributors & retail trade
N Misc. repair services (incl. welding shops)
O Educational services (univ. libraries, schools)
P Engr. & architectural services (incl. assns.)
Q Misc. business services (incl. commercial labs)
R Governments (federal, state, local)
S other
T Structural Steel Fab
U Misc Steel Fab
V Misc MatriFab
W Elct & Eltr Mac
X Meas & Anly Inst

Job Classification (Check ONE only)

- 01 President, owner, partner, officer
02 Manager, director, superintendent (or assistant)
03 Sales
04 Purchasing
05 Engineer - welding
06 Engineer - other
07 Inspector, tester
08 Supervisor, foreman
09 Welder, welding or cutting operator
10 Architect, designer
11 Consultant
12 Metallurgist
13 Research & development
14 Technician
15 Educator
16 Student
17 Librarian
18 Customer service
19 Other
20 Engineer - Design
21 Engineer - Manufacturing
22 Quality Control

Your Technical Interests

Place a number on line in choice order (1-2-3, etc.)

- 1 Robotics
2 Computerization of Welding
A Ferrous metals
B Aluminum
C Non-ferrous except aluminum
D Advanced materials/intermetallics
E Ceramics
F High energy Processes
G Arc Welding
H Brazing & Soldering
I Resistance Welding
J Thermal Spray
K Cutting
L NDT
M Safety & Health
N Pipe & Tubing
O Pressure Vessels & Tanks
P Structures
Q Roll Forming
R Sheet metal
S Stamping & punching
T Bending & shearing
U Aerospace
V Automotive
W Machinery
X Marine
Y Other
Z Automation

<b>LAST NAME:</b>	<b>FIRST NAME:</b>
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**7. QUALIFYING WORK EXPERIENCE – RESUMES NOT ACCEPTED**

\_\_\_\_\_ I attest to having no period of continuous inactivity greater than two years during the previous three years of certification.  
*(initial)* . I understand that work experience documented on this application may 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: (Mo.) (Yr.)	To: (Mo.) (Yr.)
Job Responsibilities- <i>Detailed Description Required*</i>		

**8. TESTIMONIAL: *(this section must be notarized)***

*(Applicants must read and sign the following statement in front of a notary)*

I hereby certify that I have read the standard requirements contained in AWS QC1, *Standard for AWS Certification 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 *AVIS 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 only. I further understand that any required information that is incomplete or missing will cancel this registration.

**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 or after the exam. I understand that a violation of this oath may be grounds for invalidation of my certification.**

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

<b><u>THE FOLLOWING IS TO BE COMPLETED BY A NOTARY PUBLIC</u></b>	
Sworn to and subscribed before me this _____ day of _____, 20____.	
My commission expires _____	Notary Public Signature _____ <i>(seal and/or stamp is REQUIRED)</i>

LAST NAME:

FIRST NAME:

9. CONTINUING EDUCATION and/or TEACHING CREDIT:

*(Complete this section only if submitting 80 Personal Development Hours. Duplicate this page as necessary.)*

- A minimum of eighty (80) PDHs must be earned during the nine year certification period and twenty (20) of those 80 PDHs must be earned in the final three-year period.
- A PDH is no less than 50 minutes of personal interaction between a learner and instructor. Interaction implies two-way communication in order for the learner to receive feedback.
- A maximum of eighty (80) PDHs are allowed for any one course.
- PDHs claimed must be accompanied by a course description and certificate of completion indicating the number of contact hours.

**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: January 2, 2099	

<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:	



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# VISUAL ACUITY RECORD

LAST NAME : \_\_\_\_\_ Certification # (if applicable) : \_\_\_\_\_

FIRST NAME : \_\_\_\_\_ MEMBER # (if applicable) : \_\_\_\_\_

If scheduled to take an AWS certification exam, site location: \_\_\_\_\_ Date \_\_\_\_\_

### TO APPLICANTS:

This form must be submitted for all Welding Inspector and Radiographic Interpreter applications. Applicants for the Certified Welding Educator **only** are not required to complete this form.

Before submitting this form with your application to AWS, be sure to keep a copy for your records. If you're unable to supply a completed Visual Acuity Record with your application prior to submission deadline, you may forward this form to the Certification Department separately. Exam applicants may submit completed Visual Acuity Records on exam day. AWS will not release exam results and/or certification renewal without a completed Visual Acuity Record on file.

You must use the services of an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician's Assistant to administer your required eye examination. The examination must occur within the seven months prior to the scheduled date of the applicant's examination and/or certification expiration 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 form supplied by the AWS Certification Department. No other forms will be accepted.

AWS will not accept visual acuity test results that are incomplete or do not comply with regulations.

### THE FOLLOWING THREE SECTIONS ARE TO BE COMPLETED BY THE EYE EXAMINER

1. Please verify the customer's close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater (≥30.5 cm): (please check one of the following)		AWS use only
<input type="checkbox"/>	Both eyes require corrected vision to J2	W
<input type="checkbox"/>	Only one eye needs corrected vision to J2	W
<input type="checkbox"/>	No correction is required.	O

2. Through a color perception examination, is the applicant colorblind? (please check one of the following)		AWS use only
<input type="checkbox"/>	No, customer is not colorblind	C
<input type="checkbox"/>	Yes, customer is colorblind.	B

### 3. PLEASE PRINT CLEARLY

CUSTOMER NAME: \_\_\_\_\_ DATE OF EYE EXAMINATION: \_\_\_\_\_

EXAMINER NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

EXAMINER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST/PROVINCE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

EXAMINER PROFESSIONAL STATUS BY (please check only one):

Ophthalmologist     Optometrist     Medical Doctor     Registered Nurse     Certified Physician's Assistant

EXAMINER SIGNATURE: \_\_\_\_\_ STATE/PROV. LICENSE NUMBER: \_\_\_\_\_

# BODY OF KNOWLEDGE

## AWS Certified Welding Inspector

The following is an approximate breakdown of the examination categories and the number of questions drawn from each subject area.

PART A: FUNDAMENTALS	
Subject	Percentage
Welding Processes	10%
Heat Control & Metallurgy (carbon and low-alloy steel)	6%
Weld Examination	9%
Welding Performance	9%
Definitions and Terminology	12%
Symbols – Welding and NDE	10%
Test Methods – NDE	8%
Reports and Records	6%
Duties and Responsibilities	4%
Safety	5%
Destructive Tests	4%
Cutting	3%
Brazing	2%
Soldering	1%

PART B: PRACTICAL	
Subject	Percentage
Procedure and Welder Qualifications	30%
Mechanical Test and Properties	10%
Welding Inspection and Flaws	36%
NDE	10%
Utilization of Specification and Drawings	10%

PART C: CODE BOOK APPLICATIONS	
Subject	Percentage
Materials and Design	10%
Fabrication	30%
Inspection	25%
Qualification	30%

### AWS – RECOMMENDED SELF-STUDY Examination Preparatory Material

AWS PUBLICATIONS	ORDER NUMBER
<i>Certification Manual for Welding Inspectors</i>	QM: 2000
<i>Welding Inspection Handbook</i>	WI: 2000
* <i>D1. 1/D1. 1M Structural Welding Code-Steel</i>	D1.1/D1.1M: 2010
* <i>D1. 1 Code Clinic Reference Manual</i>	D1.1CCRM: 2008
* <i>API 1104 Study Guide for API Standard 1104 Welding of Pipelines</i>	API-M: 2008
* <i>Welding Inspection Technology</i>	WIT-T:2008
* <i>Welding Inspection Technology (Workbook)</i>	WIT-W: 2008
* <i>Welding Inspection Technology Sample CWI Fundamentals Examination &amp; Key</i>	WIT-E: 2008
* <i>Standard Welding Terms and Definitions</i>	A3.OM/A3.0:2010
* <i>Standard Symbols for Welding, Brazing, and Nondestructive Examination</i>	A2.4: 2007
* <i>Visual Inspection Workshop Reference Manual</i>	VMW-M: 2008
* <i>Guide for the Nondestructive Examination of Welds</i>	B1.10M/B1.10:2009
<i>Book of Specification for the Qualification of Welding Inspectors (errata 2007)</i>	B5.1: 2003
❖ <b>Books are provided to participants at the AWS Seminars</b>	

CODE SUBJECTS AVAILABLE	
AWS D1.1- Structural Steel Code: 2010 edition	
*AP1104- Pipelines 20 <sup>th</sup> edition with 2007 errata/addenda	
**AWS D1.2- Structural Aluminum Code: 2003 or 2008 edition	
**ASME Section IX (2007 edition), B31.1 (2007 edition), & B31.3 (2006 edition)	
**AWS D15.1 - Railroad: 2007 edition	
**ASME Sections VIII (Div 1) & IX, (both 2007 editions with 2008 addenda)	
**AWS D1.5- Bridge Welding Code: 2008 edition	

\* *Applicant **must** provide own codebook for the exam*

\*\* *Code Clinic not available. Applicant **must** provide own codebook for the exam*

OTHER RECOMMENDATIONS	ORDER NUMBER
AWS Welding Handbook Series	WHB-ALL
Guide for the Visual Examination of Welds	B1.11: 2000
Safety in Welding, Cutting and Allied Processes	ANSI Z49.1: 2005

### TO PURCHASE ANY OF THE AWS PUBLICATIONS OR THE API 1104 CODEBOOK:

- ❑ Contact WEX at 888-WELDING or 305-824-1177
- ❑ Or visit the website at [www.awspubs.com](http://www.awspubs.com)