



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 EXAM APPLICATION

LAST NAME

FIRST NAME

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I am applying for:

CAWI Only

CWI Only

1. PLEASE INDICATE THE EXAM LOCATION OF YOUR CHOICE:

PLEASE ALLOW 3-4 WEEKS PROCESS TIME. CONFIRMATION LETTERS WILL BE EMAILED UNLESS EMAIL ADDRESS IS NOT INDICATED IN SECTION 6.

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: 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.

2. PLEASE CHECK AND COMPLETE THE FOLLOWING:

Your AWS Member # (if applicable): _____

Check here if taking a non AWS seminar prior to the exam.

Name of Agency: _____

City, State: _____ Date: _____

Are you employed by an AWS SENSE program participating organization (must provide copy of certificate)? No Yes

If yes, the Facility ID #: _____

S.E.N.S.E. CWI and CWE Combo Examination Only

Member Price: **\$470** Non-Member Price: **\$685**

3. PLEASE SELECT ONE OF THE FOLLOWING FOR YOUR CODE APPLICATION TEST SUBJECT:

- AWS D1.1 – Structural Steel Code: 2010 edition *only*
- API-1104 – Pipelines 20th edition with 2007 errata/addenda
** Applicant must provide own codebook for the exam.*
- AWS D1.2 – Structural Aluminum Code: 2003 or 2008 edition
**Code Clinic not available. Applicant must provide own codebook for the exam.*
- AWS D1.5 – Bridge Welding Code: 2008 edition
**Code Clinic not available. Applicant must provide own codebook for the exam.*
- AWS D15.1 – Railroad: 2007 edition
**Code Clinic not available. Applicant must provide own codebook for the exam.*
- ASME Sections VIII (Div 1) & IX, (both 2007 editions with 2008 addenda)
**Code Clinic not available. Applicant must provide own codebook for the exam.*
- ASME Section IX, B31.1 (both 2007 editions), and B31.3 (2006 edition)
**Code Clinic not available. Applicant must provide own codebook for the exam.*

4. PLEASE INDICATE THE FOLLOWING AWS SEMINAR OF YOUR CHOICE OR CHOOSE "EXAMINATION ONLY" BELOW:

D1.1 SEMINAR WEEK PAK *ADDITIONAL \$140 FOR CWI/CWE COMBO
(codebook included)

1. D1.1 Code Clinic (Sun, 1 PM – 5 PM & Mon, 8 AM - 12 Noon)
2. Welding Inspection Technology Workshop (Tues – Thurs, 8 AM – 5 PM)
3. Visual Inspection Workshop (Fri, 8 AM – 5 PM)
4. Certification Exam (Sat, 8 AM – 5 PM)

Member Price: **\$2080** Non-Member Price: **\$2295**

API 1104 SEMINAR WEEK PAK *ADDITIONAL \$140 FOR CWI/CWE COMBO
(codebook not included)

1. API 1104 Code Clinic (Mon. 1 PM – 5 PM)
2. Welding Inspection Technology Workshop (Tues – Thurs, 8 AM – 5 PM)
3. Visual Inspection Workshop (Fri, 8 AM – 5 PM)
4. Certification Exam (Sat, 8 AM – 5 PM)

Member Price: **\$1855** Non-Member Price: **\$2070**

FOR INDIVIDUAL CODE CLINICS/WORKSHOPS:

- D1.1 Code Clinic (code book not supplied): Member \$375/Non-Member \$590
- API-1104 Code Clinic (code book not supplied): Member \$335/Non-Member \$550
- Welding Inspection Technology Workshop: Member \$440/Non-Member \$655
- Visual Inspection Workshop: Member \$515/Non-Member \$730

EXAMINATION ONLY *ADDITIONAL \$60 FOR CWI/CWE COMBO

Member Price: **\$825** Non-Member Price: **\$1040**

5. METHOD OF PAYMENT- ALL CHECKS AND MONEY ORDERS SHOULD BE MADE PAYABLE TO AWS

PAYMENT MUST ACCOMPANY YOUR APPLICATION

Check or money order # _____

VISA MC AMEX Diners Discover

CC#: _____ / _____ / _____ / _____ Exp: _____ / _____

SIGNATURE _____

AWS USE ONLY

Acct #: _____

Date: _____

Amt \$: _____

LAST NAME:

FIRST NAME:

6. PERSONAL INFORMATION

ADDRESS

Grid for address input

ADDRESS (CONT'D)

APT #

Grid for address continuation and apartment number

CITY AND STATE / PROVINCE / COUNTRY

ZIP CODE

Grid for city/state/province/country and zip code

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

Grid for home telephone number

Grid for work telephone number

Grid for mobile telephone number

DATE OF BIRTH MM/DD/YY

U.S. SOCIAL SECURITY NUMBER

Grid for date of birth

Grid for U.S. Social Security Number

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

Grid for e-mail address

7. Associations

Type of Business (Check ONE only)	Job Classification (Check ONE only)	Your Technical Interests Place a number on line in choice order (1-2-3, etc.)
A <input type="checkbox"/> Contract construction	01 <input type="checkbox"/> President, owner, partner, officer	1 ___ Robotics
B <input type="checkbox"/> Chemicals & allied products	02 <input type="checkbox"/> Manager, director, superintendent (or assistant)	2 ___ Computerization of Welding
C <input type="checkbox"/> Petroleum & coal industries	03 <input type="checkbox"/> Sales	A ___ Ferrous metals
D <input type="checkbox"/> Primary metal industries	04 <input type="checkbox"/> Purchasing	B ___ Aluminum
E <input type="checkbox"/> Fabricated metal products	05 <input type="checkbox"/> Engineer — welding	C ___ Non-ferrous except aluminum
F <input type="checkbox"/> Machinery except elect. (incl. gas welding)	06 <input type="checkbox"/> Engineer — other	D ___ Advanced materials/intermetallics
G <input type="checkbox"/> Electrical equip. supplies, electrodes	07 <input type="checkbox"/> Inspector, tester	E ___ Ceramics
H <input type="checkbox"/> Transportation equip. - air, aerospace	08 <input type="checkbox"/> Supervisor, foreman	F ___ High energy Processes
I <input type="checkbox"/> Transportation equip. - automotive	09 <input type="checkbox"/> Welder, welding or cutting operator	G ___ Arc Welding
J <input type="checkbox"/> Transportation equip. - boats, ships	10 <input type="checkbox"/> Architect, designer	H ___ Brazing & Soldering
K <input type="checkbox"/> Transportation equip. - railroad	11 <input type="checkbox"/> Consultant	I ___ Resistance Welding
L <input type="checkbox"/> Utilities	12 <input type="checkbox"/> Metallurgist	J ___ Thermal Spray
M <input type="checkbox"/> Welding distributors & retail trade	13 <input type="checkbox"/> Research & development	K ___ Cutting
N <input type="checkbox"/> Misc. repair services (incl. welding shops)	14 <input type="checkbox"/> Technician	L ___ NDT
O <input type="checkbox"/> Educational services (univ. libraries, schools)	15 <input type="checkbox"/> Educator	M ___ Safety & Health
P <input type="checkbox"/> Engr. & architectural services (incl. assns.)	16 <input type="checkbox"/> Student	N ___ Pipe & Tubing
Q <input type="checkbox"/> Misc. business services (incl. commercial labs)	17 <input type="checkbox"/> Librarian	O ___ Pressure Vessels & Tanks
R <input type="checkbox"/> Governments (federal, state, local)	18 <input type="checkbox"/> Customer service	P ___ Structures
S <input type="checkbox"/> Other _____	19 <input type="checkbox"/> Other _____	Q ___ Roll Forming
T <input type="checkbox"/> Structural Steel Fab	20 <input type="checkbox"/> Engineer - Design	R ___ Sheet metal
U <input type="checkbox"/> Misc Steel Fab	21 <input type="checkbox"/> Engineer - Manufacturing	S ___ Stamping & punching
V <input type="checkbox"/> Misc Matr Fab	22 <input type="checkbox"/> Quality Control	T ___ Bending & shearing
W <input type="checkbox"/> Elct & Etr Mac		U ___ Aerospace
X <input type="checkbox"/> Meas & Anly Inst		V ___ Automotive
		W ___ Machinery
		X ___ Marine
		Y ___ Other
		Z ___ Automation

LAST NAME:	FIRST NAME:
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8. EDUCATION LEVEL

PLEASE CHECK THE APPROPRIATE BOX BELOW :
<input type="checkbox"/> High school graduate or achieved GED certificate. CWI and CWE applicants must document five (5) years and CAVI applicants must document two (2) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWSB5.1)</i>
<input type="checkbox"/> Did not graduate high school, but completed the 8th grade. CWI applicants must document nine (9) years and CAVI applicants must document four (4) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWSB5.1)</i>
<input type="checkbox"/> Did not complete the 8th grade. CWI applicants must document twelve (12) years and CAVI applicants must document six (6) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWSB5.1)</i>

Note to CWE applicants: Applicants applying for the CWE examination must be a high school graduate or achieved a GED certificate along with the five years of work experience. You shall also complete the CWE Welding Instructor Credentials Form or submit a written verification letter signed by your teaching supervisor/personnel manager. In addition, a copy of a *valid* Certified Welder ID/Certification card or test record of passing a valid Certified Welder test for the welding process to be taught. For further information regarding the CWE program, please refer to the QC5-91.

9. ADDITIONAL EDUCATION AND EXPERIENCE: A maximum of two (2) years of post high school education may be substituted for an equal number of years of work experience according to 5.5 of AWSB5.1

<input type="checkbox"/> VoTech credits - MUST attach transcripts of welding related courses or diploma	Circle no. of years attended 0 1 2 3 4	Maximum one (1) year work substitution credit <i>only</i> if courses completed and <i>within</i> a curriculum related to welding.
<input type="checkbox"/> College credits - MUST attach transcripts of engineering-level courses or diploma	Circle no. of years attended 0 1 2 3 4	Maximum two (2) years work substitution credit <i>only</i> if the degree is in engineering technology, engineering, or physical science

10. QUALIFYING WORK EXPERIENCE: RESUMES NOT ACCEPTED. THIS SECTION MUST BE COMPLETED.

**** NOTE: PLEASE DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE QUALIFYING WORK EXPERIENCE REQUIREMENTS FOR CWI/CAVI/CWE ELIGIBILITY.**

(Initials) I understand that all 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>		

LAST NAME:

FIRST NAME:

11. EMPLOYMENT VERIFICATION

** NOTE: THIS SECTION **MUST** TO BE COMPLETED BY A SUPERVISOR OR PERSONNEL MANAGER FROM THE MOST RECENT EMPLOYER. IF **SELF-EMPLOYED** OR **CONTRACT APPLICANT** YOU MUST SUBSTITUTE THIS SECTION WITH A LETTER OF REFERENCE ON COMPANY LETTER-HEAD FROM TWO (2) SEPARATE CLIENTS ATTESTING TO THE NATURE OF WORK ASSIGNMENTS DURING THE PERIOD OF PERFORMANCE.

IF THE EMPLOYER IS NO LONGER IN BUSINESS, PLEASE INCLUDE A COPY OF THE W2 FORM.

Employee's Last Name: _____ First Name: _____ MI: _____

Employer Name: _____ Phone: () _____

Employer Address: _____

City: _____ ST/Prov.: _____ Zip: _____ Country: _____

Supervisor / Personnel Manager: _____ Dept/Div: _____

Supervisor / Personnel Manager's Email: _____

I verify that _____ is or was an employee at this company and conducts the duties during the employment periods stated in this application.

Name: _____ Title: _____

Signature: _____ Date: _____

12. TESTIMONIAL: *(this section **MUST** be completed or application will be rejected)*

(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 AWSQC1, *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 *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 only. I further understand that any required information that is incomplete or missing will cancel this registration. Test results will not be released until all obligations are fulfilled.

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: _____

THE FOLLOWING IS TO BE COMPLETED BY A NOTARY PUBLIC

Sworn to and subscribed before me this _____ day of _____ of year _____.

My commission expires _____ Notary Public Signature _____ *(seal and/or stamp is REQUIRED)*