



# American Welding Society

8669 NW 36 St, #130 Miami, FL 33166-6672  
(800) 443-9353 extension 273

## Reciprocity Application CWB/ICWI to CWI

Faxed or emailed applications are **NOT** accepted

Last Name															First Name															MI	

Address (cont'd)																									Apt #						

City and State / Province / Country																									Zip Code						

Home Telephone Number										Work Telephone Number										Mobile Telephone Number									

E-Mail Address (confirmation notification will be sent to this address)																															

Date of Birth (example November 30 1952)															
Month				Day				Year							

AWS Membership # \_\_\_\_\_

### 1. Choose one

☐ 1<sup>st</sup> Time Reciprocity
 ☐ Reciprocity Renewal
 CWI Certification # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**CWB Applicants:** Attach a copy of your CWB card with a current expiration date confirming your certification to Canadian Standard CSA W178.2.

**ICWI Applicants:** Attach a copy of your ICWI card with a current expiration date confirming you successfully passed the INWC examination

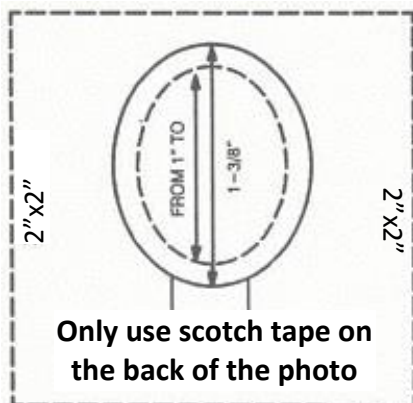
### 2. Visual Acuity Record

A current Visual Acuity Record must be completed and submitted with this application. To download a copy of the form, visit our website <http://www.aws.org/certification/docs/visualacuityrecord.pdf>.

### 3. 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 <http://www.aws.org/w/a/certification/photoidregs.html>. 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**

Fees <http://www.aws.org/certification/pricelist/>

### 4. Method of Payment

Payment must accompany this application  
All checks and money orders made payable to AWS

☐ Check or money order # \_\_\_\_\_

☐ VISA ☐ MC ☐ AMEX ☐ Diners ☐ Discover

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

SIGNATURE \_\_\_\_\_

☐ Email receipt

☐ Mail receipt

### AWS USE ONLY

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

Date: \_\_\_\_\_

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

**5. Testimonial**

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

**Certified Welding Inspector**

QC1 Standard for the AWS Certification of Welding Inspectors

B5.1 Specification for the Qualification of Welding Inspectors

I hereby certify that I have read the standard requirements contained in the certification programs indicated above. 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.

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

**THE FOLLOWING IS TO BE COMPLETED BY A NOTARY PUBLIC**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

My commission expires \_\_\_\_\_

Notary Public Signature \_\_\_\_\_

NOTARY STAMP AND/OR SEAL IS REQUIRED