American Welding Society Mail to: 8669 Doral Blvd. Suite 130

Acct # _

AWS Certified Welding Inspector (CAWI/CWI/SCWI)

Application for International Agent Exams

Ividii to: 0005 Borar Biva. Sart
Doral, FL 33166-6640, U.S.A.
Phone: (1) (800) 443-9353

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	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 hereby certify that I have read the standard																																				
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existing requirements and any subsequent requirements instituted by AWS. I have read and agree to the terms and conditions set forth in the AWS Policies and Fees form.													ıs																								
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ansv	urthermore, I certify that I have not obtained any exam materials, have no prior knowledge of the AWS exam questions or enswers, and have not and will not accept any solicitation for the AWS exam questions or answers from anyone at any time																																				
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6. PERSONAL INFORMATION																								
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Type of Business (check only ONE)	Job Cl	lassi	fication	on (c	chec	k o	nly (ONE	Ξ)						echr :hec					١٧٨				
A Contract construction		01 President, owner, partner, officer																	app	, iy				
B Chemicals & allied products	02 Manager, director, superintendent											☐Ferrous metals												
C Petroleum & coal industries	(or assistant) 03 Sales											□ Aluminum												
D ☐ Primary metal industries E ☐ Fabricated metal products	04			ina									☐Non-ferrous except aluminum ☐Advanced materials/intermetallics											
F Machinery except elect. (incl. gas welding)	05			-	weld	ding	,						Ceramics											
G Electrical equip., supplies, electrodes	06		-			_	•							Hig	h er	nerg	gy Pi	roc	essi	es				
H Transportation equip air, aerospace	07		_										☐ High energy Processes☐ Arc Welding											
I ☐ Transportation equip automotive	08 Supervisor, foreman											☐Brazing & Soldering												
J Transportation equip boats, ships	09 Welder, welding or cutting operator										☐Resistance Welding													
K Transportation equip railroad	10 Architect, designer											☐Thermal Spray												
L Utilities	11 Consultant										☐Cutting													
M Welding distributors & retail trade N Misc. repair services (incl. welding shops)	12 Metallurgist										□NDT													
O Educational Services	13 Research & development 14 Technician										□Safety & Health □Pipe & Tubing													
(univ., libraries, schools)	15 Educator									□ Pressure Vessels & Tanks														
P Engineering & architectural services	16 Student									□Structures														
(incl. assns.)	17 Librarian									☐Roll Forming														
Q Misc. business services	18 Customer service									☐Sheet metal														
(incl. commercial labs)	19 Other										☐Stamping & punching													
R Government (federal, state, local)	20		ginee		_										ndin	-		eari	ng					
S Other	21		ginee			ıfac	turir	ng							rosp									
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8. Education Level: check the appropri	ate box below											
I understand that all work experience and education documented on this application will be verified by AWS prior to exam confirmation.												
□ Did not complete the 8 th grade												
• CWI applicants must document twelve (12) years of work experience in the Section below.												
• CAWI applicants must document six (6) years of work experience in the Qualifying Work Experience Section below.												
	☐ Did not graduate high school, but completed the 8 th grade											
 CWI applicants must document nine (9) years of work experience in the Qualifying Work Experience Section below. CAWI applicants must document four (4) years of work experience in the Qualifying Work Experience Section below. 												
☐ High school graduate (must attac	ch proof of gradua	ation)										
 SCWI applicants must document 	t fifteen (15) years o	of work expe	rience, and i	must have	been certified as	a CWI during	g 6 years or more.					
CWI applicants must document												
CAWI applicants must document	t two (2) years of w	ork experien	ce in the Qu	alitying W	ork Experience Se	ction below.						
9. Additional Education												
☐ VoTech Credits	Check No. of years	s attended			ear work substitu							
MUST attach transcripts of welding related courses or diploma	0 1 2 3	4 5 6			hin a curriculum re f of graduation or		-					
☐ University Credits	Check No. of years	s attended			ears work substitu							
MUST attach transcripts of engineering- level courses or diploma	0 1 2 3	4 5 6	_	_	hnology, engineer of graduation or t		cal science					
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10. Qualifying Work Experience: résume PLEASE DUPLICATE THIS SECTIO			OPDER TO MEE	T THE OUAL	EVING WORK EXPEDIEN	ICE DECLUDEM	ENTS					
	N FOR EACH ADDITIONAL			T THE QUALI								
Company Name		Type of Bus	siness		Company Phor	ie Number						
Company Street Address				City, Stat	e, Country, Postal	Code						
Supervisor's Name			Title of Imm	nediate Su	pervisor							
Supervisor's Email Address					Department							
Applicant's Job Title				Employed	d From:	To:						
				(Mo.)	(Yr.)	(Mo.)	(Yr.)					
Job Responsibilities- Detailed Description	on Required*			(1010.)	(11.)	(1010.)	(11.)					
Company Name		Type of Bus	siness		Company Phor	ne Number						
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Supervisor's Name			Title of Imm	nediate Su	pervisor							
Supervisor's Email Address					Department							
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Job Responsibilities- Detailed Description	on Required*		L	. ,	, ,	, , ,						

Name _____ AWS Member # _____

Name				^	WS Membe	er#	
Company Name	Type of Bu	siness		Company	y Phone Num	ber	
Company Street Address			City, Sta	ite, Country, I	Postal Code		
Supervisor's Name		Title of Imm	nediate S	upervisor			
Supervisor's Email Address				Department	i .		
Applicant's Job Title			Employe	ed From:	To:		
Job Responsibilities- Detailed Description Required*			(Mo.)	(Yr.)	(Mo.	.) (Yr.)
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Supervisor's Email Address	-			Department	İ		
Applicant's Job Title			Employe	ed From:	То:		
Job Responsibilities- Detailed Description Required*			(Mo.)	(Yr.)	(Mo.	.) (Yr.)
11. Employment Verification (THIS SECTION MUST BE COMPLETED ATTACH A LETTER FROM YOUR MOST RECENT EMPLOYER ON COM IF CURRENTLY SELF-EMPLOYED OR A CONTRACT APPLICANT YOU MUST S SEPARATE CLIENTS ATTESTING TO THE NATURE OF WORK ASSIGNMENTS	MPANY LETTERH UBSTITUTE THIS	SECTION WITH	G YOUR TIN A LETTER O	1E EMPLOYED, FI F REFERENCE ON	UNCTIONS, AND COMPANY LETTE	ERHEAD FRO	OM TWO (2)
Company Name:		Company Ph	one:				
Company Address:							
City, State:							
Supervisor/Personnel Manager's Name	, verify that	E	Employee's	Name (print)	mair	ntained e	mployment at
Company Name	Date dd/	mm/yyyy	to	Da	ate dd/ mm/yyyy	or Present	
Signature: Supervisor/Personnel Manager's Signature							
Date:dd/mm/yyyy	-				COMPANY SEAL (E	OF CANDIDA	ATE'S CURRENT