



# American Welding Society

Mail to: 8669 Doral Blvd. Doral, FL 33166-6640  
(800) 443-9353 or (305) 443-9353, ext. 273

## CERTIFIED WELDING INSPECTOR AND CERTIFIED WELDING EDUCATOR (CWI/CWE) COMBO EXAM APPLICATION

Faxed or emailed applications are **NOT** accepted

**AWS Member #** \_\_\_\_\_ (Company Memberships do not qualify)

Last Name										First Name										MI

1. Indicate the exam location - Seminar and exam schedule available <http://www.aws.org/certification/seminarexam/>  
Allow 3-4 weeks processing time. Notification of confirmation will be emailed.

1<sup>st</sup> Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ \*Submission Deadline: \_\_\_\_\_

2<sup>nd</sup> Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ \*Submission Deadline: \_\_\_\_\_

3<sup>rd</sup> Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ \*Submission Deadline: \_\_\_\_\_

**NOTE:** AWS strongly recommends the applicant indicate an alternate second and third site location. If the first choice is not available, registration will indicate the next available choice site. Please **do not** make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department via email.

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

2. Select one of the following for your code application test subject (codebook not provided):

- AWS D1.1 – Structural Steel Code
- API-1104 – Pipelines 20<sup>th</sup> edition
- AWS D1.2 – Structural Aluminum Code \*Code Clinic not available.
- AWS D1.5 – Bridge Welding Code \*Code Clinic not available.
- AWS D15.1 – Railroad \*Code Clinic not available.
- ASME Sections VIII (Div 1) & IX \*Code Clinic not available.
- ASME Section IX, B31.1 and B31.3 \*Code Clinic not available

For **code book editions** and other exam information please visit our website <http://www.aws.org/certification/endorsebok>

3. Indicate the following AWS seminar of your choice or choose "examination only" below:

- D1.1 SEMINAR WEEK PAK** (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)
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- API 1104 SEMINAR WEEK PAK** (codebook **not** provided)
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)

- FOR INDIVIDUAL CODE CLINICS/WORKSHOPS:**
- D1.1 Code Clinic (code book not provided):
  - API-1104 Code Clinic (code book not provided):
  - Welding Inspection Technology Workshop:
  - Visual Inspection Workshop:

**EXAMINATION ONLY** (CODE BOOK NOT PROVIDED)

**Exam Fees-** Please visit our website <http://www.aws.org/certification/pricelist/>

**4. METHOD OF PAYMENT ALL CHECKS AND MONEY ORDERS 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 \$: \_\_\_\_\_ CWI

NAME: \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

5. Applicant's 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 with 'x' markers

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

Grid for e-mail address

6. Associations

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

NAME: \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

**7. Requirements - Must meet the following criteria to qualify for CWI and CWE certification examination.**

- High school graduate or achieved GED certificate
- Must document five (5) years and of work experience in the Qualifying Work Experience Section below. (Please refer to the AWS B5.1)
- Complete the CWE Welding Instructor Credentials Form
- Copy of a valid Certified Welder ID/Certification card or test record(s) of passing a valid Certified Welder test for the welding process(es) to be taught. For further information regarding the CWE program, please refer to the QC5-91.

**8. Additional Education and Experience (if applicable)**

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

**9. Qualifying Work Experience- Resumes not accepted. This section must be completed.**

Please duplicate this section for each additional employer in order to meet the qualifying work experience requirements for CWI/CWE eligibility.

\_\_\_\_\_  
(initials) I understand that all work experience documented on this application may be verified with both past and present employers.

<i>Company Name</i>	<i>Type of Business</i>	<i>Company Phone Number</i>
<i>Company Street Address</i>		<i>City, State, Zip Code</i>
<i>Supervisor's Name</i>	<i>Title of Immediate Supervisor</i>	
<i>Supervisor's Email Address</i>		<i>Department</i>
<i>Applicant's Job Title</i>	<i>Employed From:</i> (Mo.) (Yr.)	<i>To:</i> (Mo.) (Yr.)
<i>Job Responsibilities- Detailed Description Required*</i>		

**10. Valid Welder Certification or Test Record**

All CWE applicants must provide a copy of a valid welder ID card or have passed a welder test for processes to be taught.

**11. Certified Welding Educator Instructor Credentials Form**

All CWE applicants must complete and submit the CWE Instructor Credentials form with this application. Please download and print the form from our website [http://www.aws.org/certification/docs/CWE\\_InsCredForm.pdf](http://www.aws.org/certification/docs/CWE_InsCredForm.pdf).

NAME: \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

**12. Employment Verification**

\*\* Note: this section MUST to be completed by a supervisor or personnel manager for the most recent employer indicated in section 10. If self-employed or contract applicant you 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.  
if the employer is no longer in business, please include a copy of the W2 form.

Company Name: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

I \_\_\_\_\_, verify that \_\_\_\_\_ maintained employment at \_\_\_\_\_  
Supervisor/Personnel Manager's Name Employee's Name (print)  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Company Name Date mm/dd/yyyy Date mm/dd/yyyy or Present

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor/Personnel Manager's Name Month/Day/Year

**13. Visual Acuity Record**

All CWI applicants must complete and submit a current Visual Acuity Record with this application. Please download and print the form from our website <http://www.aws.org/certification/docs/VisualAcuityRecord.pdf>.

**14. 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 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 *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.

**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.**

*AWS Policies and Fees*, please visit our website at: <http://www.aws.org/certification/policiesfees/>

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)