



American Welding Society

Mail to: 550 NW Le Jeune Rd Miami, FL 33126
(800) 443-9353 or (305) 443-9353, ext. 273

Senior Certified Welding Inspector Exam Only Application

Faxed or emailed applications are **NOT** accepted.

Last Name

First Name

MI

Mailing Address

City, State and Zip Code

Last 4 Digits of SS#

Date of Birth mm/dd/yyyy

Home Telephone Number

Work Telephone Number

Mobile Telephone Number

E-Mail Address

CWI Certification # (if applicable): _____

AWS MEMBER # _____

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

Name of Agency _____

City, State _____

Date(s) _____

References for the Exam

http://www.aws.org/certification/docs/SCWI_bok.pdf

*Seminar not available for this exam

Exam Fees- Please visit our website

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

AWS Exam Schedule - Please visit our website

<http://www.aws.org/certification/seminarexam/>

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

Credit Card #

Expiration Date

Mo Yr

Signature

AWS USE ONLY

Date _____

Acct # _____

Amt \$ _____ SCWI

Indicate the site code of the exam location and date of your choice:

Please allow 2-3 weeks process time. Confirmation letters are emailed to the e-mail address provided above.

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.

Name: _____

Account No. _____

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

Must meet the following requirements:

- ☐ High school graduate or hold a state or military approved high school equivalency diploma. *(Refer to the AWS B5.1)*
- ☐ Minimum of fifteen (15) years experience in an occupational function that has a direct relationship to welded assemblies fabricated to national or international standards. *(Please refer to the AWS B5.5)*
- ☐ Shall have been certified as a CWI for a minimum of six (6) years.

Education Level

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 AWS B5.1

<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 <i>completed</i> 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

Name: _____

Account No. _____

Qualifying Work Experience

Resumes are not accepted.

Duplicate this section for each additional employer to meet the qualifying work experience requirements for SCWI.

(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:		To:
			(Mo.) (Yr.)		(Mo.) (Yr.)
Job Responsibilities- Detailed Description Required*					

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:		To:
			(Mo.) (Yr.)		(Mo.) (Yr.)
Job Responsibilities- Detailed Description Required*					

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

Name: _____ Account No. _____

Employment Verification

A supervisor or personnel manager of the most recent employer MUST complete this section. 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 latest W2 form.

Company Name: _____ Company Phone: _____

Company Address: _____

City, State: _____ Zip Code: _____ Country: _____
Company Name

I _____, verify that _____ maintained
Supervisor/Personnel Manager's Name Employee's Name (print)

employment at _____ from _____ to _____
Date mm/dd/yyyy Date mm/dd/yyyy or Present

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

Visual Acuity Record

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

Testimonial

(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.

Applicant's Signature _____ Date _____

*To view the *AWS Policies and Fees*, please visit the following link: <http://www.aws.org/certification/policiesfees/>

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)