



American Welding Society

Mail to: 8669 Doral Blvd.
Suite 130 Doral, FL 33166-6640
(800) 443-9353 ext 273

CERTIFIED RADIOGRAPHIC INTERPRETER

RENEWAL APPLICATION

Faxed or emailed applications are **NOT** accepted

Your original AWS member # _____ Certification # _____

Last Name _____ First Name _____ MI _____

Mailing Address _____

City, State Zipcode _____

U.S. Society Security # _____ Date of Birth mm/dd/yy _____ Home Telephone Number _____ Cell Telephone Number _____

Email Address (confirmation package will be sent to this address) _____

Associations

Type of Business (check only ONE)	Job Classification (check only ONE)	Technical Interest (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	
P <input type="checkbox"/> Engineering & architectural services (incl. assns.)	16 <input type="checkbox"/> Student	
Q <input type="checkbox"/> Misc. business services (incl. commercial labs)	17 <input type="checkbox"/> Librarian	
R <input type="checkbox"/> Government (federal, state, local)	18 <input type="checkbox"/> Customer service	
S <input type="checkbox"/> Other	19 <input type="checkbox"/> Other	
	20 <input type="checkbox"/> Engineer - design	
	21 <input type="checkbox"/> Engineer - manufacturing	
	22 <input type="checkbox"/> Quality Control	

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

Method of Payment- Checks made payable to AWS

Full payment must accompany application

☐ Check or Money Order # _____ ☐ Visa ☐ MC ☐ AMEX ☐ Discover ☐ Diners

Credit Card # _____ / _____ / _____ Exp. Date _____ / _____

Signature _____

AWS USE ONLY

Acct # _____

Date _____

Amt\$ _____ CRIR

EXPERIENCE RECORDS

The period of validity for the AWS CRI is three (3) years. To be eligible for recertification, the CRI must provide evidence of continuous satisfactory technical performance by performing the following:

- Submit evidence of a current satisfactory vision examination.
- The CRI must satisfy at least **one** the following:
 - 1) Submit documented evidence of at least 2 months (350 hours) experience performing specific duties of a CRI as described in AWS B5.15. The documentation must be attested to by the employer or client for whom the duties were performed. This experience shall have been performed during the immediate preceding three-year certification.
 - 2) Submit documented evidence of at least 4 weeks (160 hours) of teaching experience in radiographic interpretation covering the body of knowledge as described in AWS B5.15. The documentation must be attested to by the employer or client for whom the teaching was performed.
 - 3) Successfully complete the current practical (film interpretation) examination.

(REPRODUCE THIS FORM AS NECESSARY TO RECORD THE CLAIMED EXPERIENCE.)

QUALIFYING WORK EXPERIENCE – RESUMES NOT ACCEPTED

**** NOTE:** PLEASE DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE QUALIFYING WORK EXPERIENCE REQUIREMENTS FOR CRI 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- Detailed Description Required*					

Supervisor's Name: _____ Title: _____

Supervisor's Signature: _____ Date: _____

Visual Acuity

All applicants must submit evidence of visual acuity as noted on a completed AWS Visual Acuity Form that must be attached to this application dated no more than seven (7) months prior to the date of the certification examinations. To download a copy of the form, please visit our website <http://www.aws.org/certification/docs/VisualAcuityRecord.pdf>.

Photographic Identification

Applicants for the AWS Radiographic Interpreter certification must submit two (2) passport-style color photographs stapled to this application. Please print and sign your name on the reverse of each photograph.

Testimonial (this section must be completed or application will be rejected)

I hereby certify that I have read the requirements contained in the AWS B5.15, *Specification for the Qualification of Radiographic Interpreters*. Further, I agree to comply with the 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. 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.

Applicant's Signature _____ Date: _____

AWS Policies and Fees - Please visit our website <http://www.aws.org/certification/policiesfees/>

THE FOLLOWING IS TO BE COMPLETED BY THE NOTARY PUBLIC

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

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



Certified Radiographic Interpreter Activity Log

Enclosed with this letter is a CRI Activity Log for your use. In order to maintain your certification, it is imperative that you maintain an Activity Log demonstrating your continued activity. Upon your 3 year re-certification, you will be **required** to provide us with this Activity Log along with your CRI Re-Certification Application in order to qualify. The responsibility of the Activity Log rests solely with the certificate holder and certification may be revoked if the Activity Log is found to be fraudulent.

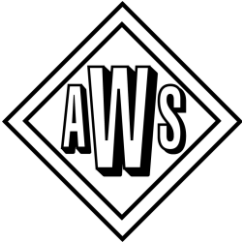
When mailing your activity log and application we recommend using priority mail with tracking options. Please send your application package to:

**American Welding Society
Certification Department
8669 Doral Blvd. Suite 130
Doral, FL 33166-6640**

PLEASE RETAIN A COPY OF ALL DOCUMENTS MAILED TO AWS.

Again, congratulations on your new certification accomplishment. We at the American Welding Society appreciate your patronage and look forward to a long-standing relationship with you and your certification endeavors.

Should you have any questions, or required further information, please feel free to contact the Certification Department at 800-443-9353, ext. 273.



CRI Activity Log

The completion and maintenance of this Activity Log is the sole responsibility of the certificate holder and is the method by which continued activity will be demonstrated for purposes for CRI Re-certification. Any attempt at falsification of this Log may result in termination of certification. If you keep a personal log, please extract the appropriate information as indicated. Copy this form as needed.

Name: _____

Certificate Number: _____

Start Date: _____

End Date: _____

JOB ID	BEGINNING DATE OF ACTIVITY	ENDING DATE OF ACTIVITY	(PLEASE PRINT) NAME OF CONTACT PERSON	TELEPHONE NO.