





7. American with Disabilities Act Accommodations

By checking this box I am requesting special accommodations due to a disability. AWS is committed to complying fully with the ADA. [Click here](#) for a copy of the accommodations request package.

8. Qualifying Education and Experience Requirements

Check the box indicating your highest level of education. A copy of transcripts must accompany this application to claim education credit for engineering, engineering technology, physical science or vocational education courses.

Minimum Education Level	Minimum Work History	
	CAWI	CWI
<input type="checkbox"/> Completed less than 8 <sup>th</sup> grade	6 years	12 years
<input type="checkbox"/> Completed 8 <sup>th</sup> grade	4 years	9 years
<input type="checkbox"/> High Diploma or GED	2 Years	5 years
<input type="checkbox"/> High school diploma plus one year engineering/technical school courses or one or more years of vocational education and training in a welding curriculum.	N/A	4 years
<input type="checkbox"/> High school diploma plus two or more years engineering/technical school courses.	N/A	3 years
<input type="checkbox"/> Associate or higher degree in engineering technology, engineering, or a physical science.	N/A	3 years

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

DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER

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- <i>Detailed Description Required</i>					

10. Employment Verification

- This section ***MUST*** be completed by a supervisor or personnel manager for the most recent or current employer indicated above.
- Self-employed or contract applicants 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
  - type of work done
  - length of time as a client
- If the employer is no longer in business, 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/yyyy Date mm/yyyy or Present

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

Supervisor/Personnel Manager's Name Month/Day/Year

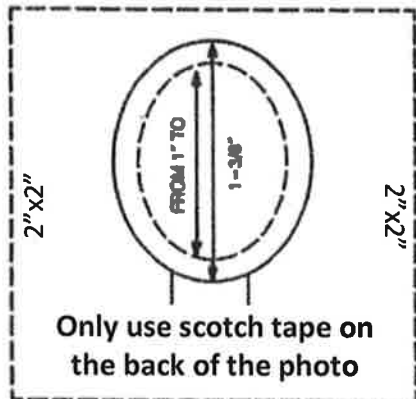
11. Visual Acuity Record

A current Visual Acuity Record must be completed and submitted with this application.

12. 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. 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**

13. 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.

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.

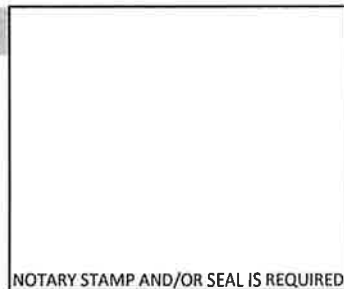
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 \_\_\_\_\_





**American Welding Society**  
 8669 NW 36 St, #130 Miami, FL 33166-6672  
 (800) 443-9353 extension 273  
 Email [certification@aws.org](mailto:certification@aws.org)

## VISUAL ACUITY FORM

Member #: \_\_\_\_\_ Online Order #: \_\_\_\_\_ Site Code: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

### Applicant

This form must be submitted for all SCWI/CWI/CAWI/CRI/CWEng applications ONLY.

AWS will not release exam results, recertification results, or renewals without a completed Visual Acuity Record on file.

**IMPORTANT: This completed Visual Acuity Form must be sent to the AWS Certification Department prior to the exam, or no later than 60 days after the certification exam date. Form may be sent via fax, email, or mail. Applicants who have not fulfilled all requirements within 60 days after the certification exam date shall have scores and application voided, and may be in jeopardy of forfeiting application fees.**

### Eye Examination

Eye examinations shall be administered by an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician's Assistant or by other ophthalmic medical personnel, and must include the state or province license number. Examinations shall be performed within (1) year of the certification examination date, or within (1) year of the certification expiration date for renewal or recertification.

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12 in. or greater ( $\geq 30.5$  cm). All applicants shall take a color perception test. Eye examination results must be documented on this Visual Acuity Record form supplied by the AWS Certification Department. **No other forms will be accepted.**

**1. The following must be completed by the eye examiner:**

**A. Verify the customer's close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater ( $\geq 30.5$  cm)**

*(Check ONLY one of the following for each eye)*

OD	OS	
<input type="checkbox"/>	<input type="checkbox"/>	Requires corrected vision to read Jaeger J2 at 12 in. or greater.
<input type="checkbox"/>	<input type="checkbox"/>	No correction is required to read Jaeger J2 at 12 in. or greater.
<input type="checkbox"/>	<input type="checkbox"/>	Unable to read Jaeger J2 at 12 in. or greater even with attempt at correction.

**B. Through a color perception examination, is the applicant colorblind?**

*(Check ONLY one of the following for each eye)*

OD	OS	
<input type="checkbox"/>	<input type="checkbox"/>	Customer IS NOT colorblind
<input type="checkbox"/>	<input type="checkbox"/>	Customer IS colorblind.

AWS Use Only
W
O
NQ
AWS Use Only
C
B

**3. Examiner's Contact Information (print clearly)**

Customer Name: \_\_\_\_\_ Date of eye exam: \_\_\_\_\_

Examiner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Examiner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**4. Examiner professional status (check only one)**

Ophthalmologist     Optometrist     Medical Doctor     Registered Nurse     Certified Physician's Assistant

Examiner Signature: \_\_\_\_\_ State/Prov. License number: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Effective: August 2014

Account # \_\_\_\_\_

**Certification Examination Disability Accommodations**

**Please describe the nature of your accommodation request:**

This request applies to which of the following types of exams: Written Practical Both

AWS is committed to complying fully with the Americans with Disabilities Act (ADA) to ensure that an examination measures knowledge and capability, rather than reflect an individual's impairment.

The applicant is responsible for making the request and for providing qualifying documentation of the need for a special accommodation by the examination deadline date, which is six weeks prior to the exam.

Documentation of a specific disability that would negatively impact one's performance on the examination must include a letter or report on letterhead stationery from a medical professional (such as a physician, psychologist, or rehabilitation counselor) who is familiar with the applicant's disability. This statement must be current, and must include all of the following:

- A specific diagnosis;
- Specific findings in support of the diagnosis (relevant history, tests administered, tests results in standard score format and interpretation of those test results);
- A description of the applicant's functional limitations due to stated disabilities;
- Specific recommendations for test accommodations including amount of extra time necessary (if being requested) and a detailed explanation of why the accommodations are needed;
- Name, address, telephone number and qualifications of each professional expert who provides documentation.

The manifestations of a disability may vary over time and in different settings; in most cases, an evaluation (or an update to an existing evaluation) should have been conducted within the past three years. For more information, refer to the General guidelines for supporting documentation.

Requests for accommodations will be reviewed on a case-by-case basis. Accommodations are provided on an individual basis and depend on the nature of the disability, documentation provided, and the requirements of the examination. AWS reserves the right to request further information, including additional verification, if necessary, of the evaluating professional's credentials and expertise relevant to the diagnosis. AWS also reserves the right to require further evaluation of the applicant by a professional of its choice at its expense. An aspect of a particular accommodation may include taking the examination at a particular test site.

Should a required accommodation impose additional costs, AWS typically will automatically cover the first \$500 in such costs. If the cost is expected to be excess of \$500, AWS will further explore the situation to determine if a less expensive alternative is available or if a cost-sharing arrangement may be negotiated.

The Americans with Disabilities Act generally requires that a certifying body make a *reasonable* accommodation. The nature of the accommodation will vary based on the facts and circumstances of each case. No accommodation will be offered which fundamentally alters the measurement of the skills or knowledge the examination is intended to test, or which is an undue hardship to AWS.

For AWS Use Only	
Date: _____	
Director: _____	<input type="checkbox"/> Accept <input type="checkbox"/> Reject
Director: _____	<input type="checkbox"/> Accept <input type="checkbox"/> Reject
Reason: _____	
_____	