



*For your convenience, please use our [Certification Application Portal](#).
Effective November 15th, 2019, applications will be charged an additional non-refundable fee
of \$125.00 if sent to AWS by email or paper.*

Applicants Information:
Last Name: _____ First Name: _____ Middle: _____

Check sections for compliance.

- Personal Information – Last, First, and Middle initial **MUST** be completed.
- Sec. 1: Payment Method** – Payment must accompany this application-
- Sec. 2: Personal Information** – Name must match your current government issued ID or Passport
- Sec. 3: Exam Location** – Site Code (if Applicable), Exam Date, City/State, and Submission Deadline
- Sec. 4: Select the part(s) for retest** – select all that apply - If taking a non-AWS seminar prior to exam, please fill section next to #4
- Sec. 5: CLINICS/SEMINARS/WORKSHOPS – EXAM ONLY** – select your choice – if this is your 2nd or 3rd Re-exam submit a copy of your 40 hrs. or 16 hrs. of additional training needed according to the QC1
- Sec. 6: Associations** – Type of Business, Job Classification and Technical Interests.
- Sec. 7: American Disabilities Act (ADA):** if applicable, candidate must print a copy of our [ADA package](http://www.aws.org/ada-disability-accommodations) and follow the instructions. <http://www.aws.org/ada-disability-accommodations>
- Sec. 8: Visual Acuity Form** – Eye Examinations shall be performed not more than one (1) year prior to the date of examination. Applicants shall submit results to the AWS certification department along with their application.
- Sec. 9: Photo Requirement** – To learn more, review the information on how to provide a suitable photo for your wallet card on our web [photo-id-requirements](#)
- Sec. 10: Proof of Identity** – current color copy of government passport or national ID
- Sec. 11: Terms and Conditions** - This section of the application must be read, checked, dated, and signed by the applicant taking the exam.

1. Method of Payment - Payment must accompany this application	<u>AWS USE ONLY</u>
<input type="checkbox"/> <i>Check if billing address is different from mailing, provide below.</i> <hr/> <p>All checks and money orders made payable to AWS</p> <input type="checkbox"/> Check or money order # _____ <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover CC#: _____ Exp: _____ SIGNATURE: _____ CVV: _____	Acct #: _____ Date: _____ Amt\$: _____ CWI

RE-EXAM CAWI/CWI EXAM APPLICATION

Application must be completed and signed by the person taking the exam

2. Personal Information		<i>Name must match your current government issued ID or Passport</i>	
Last Name	First Name	Middle Initial	
Street Address		City, State, Zip Code	
Home Telephone	Work Telephone	Mobile Telephone	
Email		Date of Birth MM/DD/YY	Last Four Digits of SS#

3. Exam Location -	<i>Confirmation will be emailed in 3-4 weeks from receipt</i>
1 st *Site Code: _____ Exam Date: _____ City/State: _____ Submission Deadline: _____	
2 nd *Site Code: _____ Exam Date: _____ City/State: _____ Submission Deadline: _____	
3 rd *Site Code: _____ Exam Date: _____ City/State: _____ Submission Deadline: _____	
<p>*Only if applicable NOTE: If the first choice is not available, registration will indicate the next available choice site. DO NOT make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department via email.</p>	

For code book editions and other exam information please refer to the [CWI Body of Knowledge](#)

4. Choose the part(s) for retest
<input type="checkbox"/> Part A – Fundamental
<input type="checkbox"/> Part B – Practical
<input type="checkbox"/> Part C –Code Application
Must be the same codebook applied for on the original application. If you wish to change, you <u>must</u> reapply by submitting a new application and testing to all three parts of the CWI exam as per QC1.

AWS Member # _____

If taking a non-AWS seminar prior to exam, please answer the following:

Name of Agency _____

City, State _____

Seminar date _____

The maximum number of retests taken in the three-year period starting with the original test date is three (3). Applicants may take the first retest(s) of the failed segment(s) without additional training. Only one retest without documented evidence of additional training is permitted. Any additional retests (2nd or 3rd retests) shall require documented evidence of additional training in accordance with [QC1](#) sections 6.2.5.1 & 6.2.5.2

5. Refer to the AWS Price list section CLINICS/SEMINARS/WORKSHOPS, when selecting one of the categories listed below	
<input type="checkbox"/> CWI Seminar Week (D1.1 Focus) <input type="checkbox"/> add CWI Pre-Seminar (Online Course)	<input type="checkbox"/> CWI Seminar Week (API 1104 Focus) <input type="checkbox"/> add CWI Pre-Seminar (Online Course)
<input type="checkbox"/> CWI Pre-Seminar (Online Course)	<input type="checkbox"/> Seminar Retake (within 12 months of original event -books not Included)
<input type="checkbox"/> Examination Only	<input type="checkbox"/> 3 Day Part B Training (only for retesting to PART B excluding retest all parts)

5. Associations

TYPE OF BUSINESS (CHECK ONLY ONE)	Job Classification (check only ONE)	Technical Interests (check ALL that apply)
A <input type="checkbox"/> Contract Construction B <input type="checkbox"/> Chemicals & Allied products C <input type="checkbox"/> Petroleum & Coal Industries D <input type="checkbox"/> Primary Metal Industries E <input type="checkbox"/> Fabricated Metal Products F <input type="checkbox"/> Machinery Except Elect. (incl. Gas Welding) G <input type="checkbox"/> Electrical Equip., Supplies, Electrodes H <input type="checkbox"/> Transportation Equip. - Air, Aerospace I <input type="checkbox"/> Transportation Equip. - Automotive J <input type="checkbox"/> Transportation Equip. - Boats, Ships K <input type="checkbox"/> Transportation Equip. - Railroad L <input type="checkbox"/> Utilities M <input type="checkbox"/> Welding Distributors & Retail Trade N <input type="checkbox"/> Misc. Repair Services (incl. welding Shops) O <input type="checkbox"/> Educational Services (Univ, Libraries, Schools) P <input type="checkbox"/> Engineering & Architectural Serv. (Incl. Ass.) Q <input type="checkbox"/> Misc. Business Services (Incl. Comm. Labs) R <input type="checkbox"/> Government (Federal, State, Local) S <input type="checkbox"/> Other	01 <input type="checkbox"/> President, owner, partner, officer 02 <input type="checkbox"/> Manager, Director, Superint. (or assistant) 03 <input type="checkbox"/> Sales 04 <input type="checkbox"/> Purchasing 05 <input type="checkbox"/> Engineer — welding 06 <input type="checkbox"/> Engineer — other 07 <input type="checkbox"/> Inspector, tester 08 <input type="checkbox"/> Supervisor, foreman 09 <input type="checkbox"/> Welder, welding or cutting operator 10 <input type="checkbox"/> Architect, designer 11 <input type="checkbox"/> Consultant 12 <input type="checkbox"/> Metallurgist 13 <input type="checkbox"/> Research & development 14 <input type="checkbox"/> Technician 15 <input type="checkbox"/> Educator 16 <input type="checkbox"/> Student 17 <input type="checkbox"/> Librarian 18 <input type="checkbox"/> Customer service 19 <input type="checkbox"/> Other 20 <input type="checkbox"/> Engineer - design 21 <input type="checkbox"/> Engineer - manufacturing 22 <input type="checkbox"/> Quality Control	<input type="checkbox"/> Robotics <input type="checkbox"/> Computerization of Welding <input type="checkbox"/> Ferrous Metals <input type="checkbox"/> Aluminum <input type="checkbox"/> Nonferrous Metals Except Aluminum <input type="checkbox"/> Advance Materials/Intermetallics <input type="checkbox"/> Ceramics <input type="checkbox"/> High Energy Beam Process <input type="checkbox"/> Arc Welding <input type="checkbox"/> Brazing & Soldering <input type="checkbox"/> Resistance Welding <input type="checkbox"/> Thermal Spray <input type="checkbox"/> Cutting <input type="checkbox"/> NDT <input type="checkbox"/> Safety & Health <input type="checkbox"/> Bending & Shearing <input type="checkbox"/> Roll Forming <input type="checkbox"/> Stamping & Punching <input type="checkbox"/> Aerospace <input type="checkbox"/> Machinery <input type="checkbox"/> Marine <input type="checkbox"/> Piping & Tubing <input type="checkbox"/> Pressure Vessels & Tanks <input type="checkbox"/> Sheet Metal <input type="checkbox"/> Structures <input type="checkbox"/> Other <input type="checkbox"/> Automation <input type="checkbox"/> Computerization of Welding

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. A copy of the accommodations request form can be found at our [website](#).

Will you be using a glucose meter during your exam? Yes No

<http://www.aws.org/ada-disability-accommodations>

8. Visual Acuity Form

A current Visual Acuity Form must be completed and submitted with this application. [Click here](#) for a copy of the form.

9. Photo Requirements

Do not send photo if a current one is already on file within the last 12 months, otherwise [click here](#).

10. Proof of Identity

Please attach a color copy of your current Government issued ID to this application, such as a driver’s license or passport.

11. Terms and Conditions- Please check, date, and sign below.

PROGRAM AND REGISTRATION TERMS, POLICIES, AND FEES

I hereby certify that I have read the program requirements contained in the following program document:

- [QC1 Standard for the AWS Certification of Welding Inspectors](#)
- [B5.1 Specification for the Qualification 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. I further understand that any required information that is incomplete or missing will cancel this registration.

EXAMINATION POLICIES AND RULES

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, during, or after the exam as stated on the [Candidate Attestation Agreement](#) (Please click and read this link prior to accepting the Terms and Conditions. You will be required to sign this form on exam day). I understand that a violation of this oath may be grounds for invalidation of my certification and may be grounds for expulsion from any future testing. AWS may send text alerts regarding your seminar and/or exam site information or status.

COVID-19/COMMUNICABLE DISEASE LIABILITY POLICIES AND WAIVER

Furthermore, I certify that I have read and understand the [COVID-19/Communicable Disease Liability Waiver requirements](#). I certify that I understand that I will be asked to sign this waiver at the start of any AWS seminar, class, exam, or other AWS event. I further understand that failing to agree to the pronouncements in the waiver will disqualify me from participating in the event, and I will be barred from entering the event room or participating the event. I further understand that being barred for failing to agree to the pronouncements will result in forfeiture of all registration fees. I understand that I will also be barred from the event if I do not attest to both of the COVID-19 statements related to recent symptoms and exposure risks.

Applicant’s Signature _____ Date _____