

**INITIAL CAWI/CWI EXAM APPLICATION*****Application must be completed and signed by the person taking the exam.*****1. Personal Information**Name ***must*** match your current government issued ID or Passport

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#	

2. Site Code of Event and Purchase order

Custom Course#:

PO#:

3. Indicate the following AWS seminar of your choice or choose "Examination Only" below

- ☐ **D1.1 SEMINAR AND EXAM PACKAGE** *(code book included)*
1. D1.1 Code Clinic
 2. Welding Inspection Technology Workshop
 3. Visual Inspection Workshop
 4. Certification Exam
- ☐ *add CWI Pre-Seminar (online course only)*

- ☐ **API 1104 SEMINAR AND EXAM PACKAGE**
*(code book **not** provided)*
1. API 1104 Code Clinic
 2. Welding Inspection Technology Workshop
 3. Visual Inspection Workshop
 4. Certification Exam
- ☐ *add CWI Pre-Seminar (online course only)*

INDIVIDUAL CODE CLINICS/WORKSHOPS:

- ☐ D1.1 Code Clinic *(code book not supplied)*
- ☐ API-1104 Code Clinic *(code book not supplied)*
- ☐ Welding Inspection Technology Workshop
- ☐ Visual Inspection Workshop
- ☐ CWI Pre-Seminar (online course only)

- ☐ **D17.1 CUSTOM PACKAGE**

- ☐ **EXAMINATION ONLY**

For code book editions and other exam information [CWI Applicant Instructions](#)

Name _____ AWS Member# _____

4. Qualifying Education and Experience Requirements

Check the box indicating your highest level of education. If using education for work experience, you must include a copy of transcripts 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 th grade	6 years	12 years
<input type="checkbox"/> Completed 8 th grade (You can combine 1 yr. Vo-Tech + 3 yrs. Work Experience to meet the min. requirements for CAWI)	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.	6 Months	4 years
<input type="checkbox"/> High school diploma plus two or more years engineering/technical school courses.	6 Months	3 years
<input type="checkbox"/> Associate or higher degree in engineering technology, engineering, or a physical science.	6 Months	2 years

5. 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, Province, Country, Postal Code	
Supervisor's Name			Title of Immediate Supervisor		
Supervisor's Email Address				Department	
Applicant's Job Title			Dates of Employment		
			From		To
			(Mo.)	(Yr.)	(Mo.) (Yr.)
Job Responsibilities <i>Detailed Description Required</i>					

6. 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

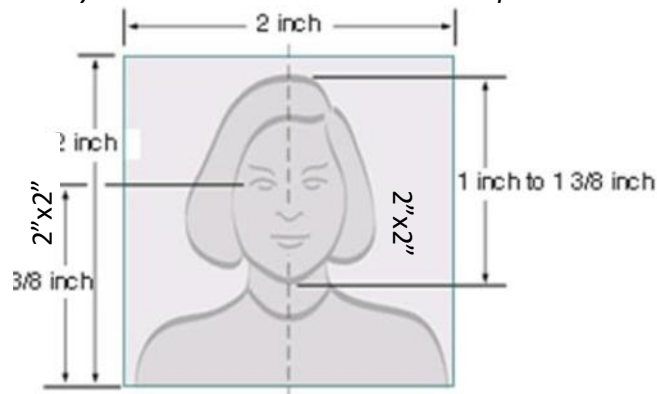
7. Visual Acuity Form

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

8. 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

9. 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.

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: _____

10. 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"/> Robotics
B <input type="checkbox"/> Chemicals & Allied products	02 <input type="checkbox"/> Manager, Director, Superint. (or assistant)	<input type="checkbox"/> Computerization of Welding
C <input type="checkbox"/> Petroleum & Coal Industries	03 <input type="checkbox"/> Sales	<input type="checkbox"/> Ferrous Metals
D <input type="checkbox"/> Primary Metal Industries	04 <input type="checkbox"/> Purchasing	<input type="checkbox"/> Aluminum
E <input type="checkbox"/> Fabricated Metal Products	05 <input type="checkbox"/> Engineer — welding	<input type="checkbox"/> Nonferrous Metals Except Aluminum
F <input type="checkbox"/> Machinery Except Elect. (incl. Gas Welding)	06 <input type="checkbox"/> Engineer — other	<input type="checkbox"/> Advance Materials/Intermetallics
G <input type="checkbox"/> Electrical Equip., Supplies, Electrodes	07 <input type="checkbox"/> Inspector, tester	<input type="checkbox"/> Ceramics
H <input type="checkbox"/> Transportation Equip. - Air, Aerospace	08 <input type="checkbox"/> Supervisor, foreman	<input type="checkbox"/> High Energy Beam Process
I <input type="checkbox"/> Transportation Equip. - Automotive	09 <input type="checkbox"/> Welder, welding or cutting operator	<input type="checkbox"/> Arc Welding
J <input type="checkbox"/> Transportation Equip. - Boats, Ships	10 <input type="checkbox"/> Architect, designer	<input type="checkbox"/> Brazing & Soldering
K <input type="checkbox"/> Transportation Equip. - Railroad	11 <input type="checkbox"/> Consultant	<input type="checkbox"/> Resistance Welding
L <input type="checkbox"/> Utilities	12 <input type="checkbox"/> Metallurgist	<input type="checkbox"/> Thermal Spray
M <input type="checkbox"/> Welding Distributors & Retail Trade	13 <input type="checkbox"/> Research & development	<input type="checkbox"/> Cutting
N <input type="checkbox"/> Misc. Repair Services (incl. welding Shops)	14 <input type="checkbox"/> Technician	<input type="checkbox"/> NDT
O <input type="checkbox"/> Educational Services (Univ, Libraries, Schools)	15 <input type="checkbox"/> Educator	<input type="checkbox"/> Safety & Health
P <input type="checkbox"/> Engineering & Architectural Serv. (Incl. Ass.)	16 <input type="checkbox"/> Student	<input type="checkbox"/> Bending & Shearing
Q <input type="checkbox"/> Misc. Business Services (Incl. Comm. 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"/> Stamping & Punching
S <input type="checkbox"/> Other	19 <input type="checkbox"/> Other	<input type="checkbox"/> Aerospace
	20 <input type="checkbox"/> Engineer - design	<input type="checkbox"/> Machinery
	21 <input type="checkbox"/> Engineer - manufacturing	<input type="checkbox"/> Marine
	22 <input type="checkbox"/> Quality Control	<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



American Welding Society

8669 NW 36 St, #130 Miami, FL 33166-6672

(800) 443-9353 extension 273

Email certification@aws.org

VISUAL ACUITY FORM

Member #: _____ Email address: _____ 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 along with the application. Applicants who have not fulfilled all requirements and/or have not submitted the form, shall have test scores/application voided and may be in jeopardy of forfeiting application fees. This form may be sent via email or mail.

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 not more than one (1) year prior to the date of the certification examination or the expiration date for renewals and recertifications. New visual acuity records do not need to be supplied for retests occurring within one (1) year from the original examination date.

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 (≥ 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 (≥ 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.

AWS Use Only

W

O

NQ

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

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: _____