

**Faxed or emailed applications are NOT accepted**

Last Name															First Name															MI	

1. Indicate the exam location of your choice: Confirmation will be emailed in 3-4 weeks from receipt.

1<sup>st</sup> Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ \*Submission Deadline: \_\_\_\_\_

2<sup>nd</sup> Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ \*Submission Deadline: \_\_\_\_\_

3<sup>rd</sup> Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ \*Submission Deadline: \_\_\_\_\_

**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. \* Refer to [AWS Policies and Fees](#) and [Seminar and Exam Schedule](#)

<p>2. Check and complete the following</p> <p>Your AWS Member # (if applicable): _____</p> <p><input type="checkbox"/> Check here if taking a non-AWS seminar prior to the exam.</p> <p>Name of Agency _____</p> <p>City, State: _____ Date: _____</p>	<p>4. Indicate the following AWS seminar of your choice or choose "Examination Only" below</p> <p><input type="checkbox"/> <b>D1.1 SEMINAR AND EXAM PACKAGE</b> (code book included)</p> <p>1. D1.1 Code Clinic</p> <p>2. Welding Inspection Technology Workshop</p> <p>3. Visual Inspection Workshop</p> <p>4. Certification Exam</p> <p><input type="checkbox"/> add CWI Pre-Seminar (online course only)</p> <p><input type="checkbox"/> <b>API 1104 SEMINAR AND EXAM PACKAGE</b> (code book <u>not</u> provided)</p> <p>1. API 1104 Code Clinic</p> <p>2. Welding Inspection Technology Workshop</p> <p>3. Visual Inspection Workshop</p> <p>4. Certification Exam</p> <p><input type="checkbox"/> add CWI Pre-Seminar (online course only)</p> <p><b>INDIVIDUAL CODE CLINICS/WORKSHOPS:</b></p> <p><input type="checkbox"/> D1.1 Code Clinic (code book not supplied)</p> <p><input type="checkbox"/> API-1104 Code Clinic (code book not supplied)</p> <p><input type="checkbox"/> Welding Inspection Technology Workshop</p> <p><input type="checkbox"/> Visual Inspection Workshop</p> <p><input type="checkbox"/> CWI Pre-Seminar (online course only)</p> <p><input type="checkbox"/> <b>EXAMINATION ONLY</b></p>
<p>3. Select one of the following code application test subject</p> <p><input type="checkbox"/> <b>AWS D1.1 – Structural Steel Code</b></p> <p><input type="checkbox"/> <b>API-1104 – Pipelines</b></p> <p><input type="checkbox"/> <b>AWS D1.2 – Structural Aluminum Code *</b></p> <p><input type="checkbox"/> <b>AWS D1.5 – Bridge Welding Code *</b></p> <p><input type="checkbox"/> <b>AWS D15.1 – Railroad *</b></p> <p><input type="checkbox"/> <b>AWS D17.1 – Aerospace *</b></p> <p><input type="checkbox"/> <b>ASME Sections VIII (Div 1) &amp; IX *</b></p> <p><input type="checkbox"/> <b>ASME Section IX, B31.1 and B31.3 *</b></p> <p><i>*Code clinic not available</i></p>	

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

<p>5. Method of Payment</p> <p>Payment must accompany this application</p> <p>All checks and money orders made payable to AWS</p> <p><input type="checkbox"/> Check or money order # _____</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Diners <input type="checkbox"/> Discover</p> <p>CC#: _____ / _____ / _____ / _____ Exp: _____ / _____</p> <p>SIGNATURE: _____ CVV: _____</p>	<p><b>AWS USE ONLY</b></p> <p>Acct #: _____</p> <p>Date: _____</p> <p>Amt \$: _____</p>
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<i>Month</i>								<i>Day</i>				<i>Year</i>					

X	X	X	X	X				
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☐ Sign me up to receive text information regarding other AWS products and special promotions.

\*Normal text messaging rates & fees apply as determined by your cellular provider.

## 7. 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

## 8. 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.

## 9. 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 <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

10. 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>					

## 11. 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

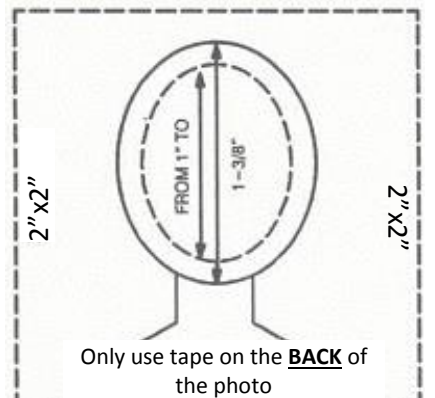
**12. Visual Acuity Record**

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

**13. 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.



**DO NOT STAPLE OR PAPER CLIP PHOTO**

*Photos copied or digitally scanned from driver's licenses or other official documents are **not acceptable**.*

**14. Testimonial**

Applicants must read and sign the following statement in front of a Notary, Company or Authorized International Agent

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

Company, Notary or Authorized  
International Agent's Seal/Stamp is required

*CWI stamp is not acceptable*