



## American Welding Society

8669 NW 36 St., #130 Miami, FL 33166-6672  
(800) 443-9353 or (305) 443-9353, ext. 273

## CWI 9<sup>th</sup> Year Application Checklist Form

Please use this checklist to ensure your application is processed in a timely manner.

***Incomplete applications will not be processed.***

### Applicants Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Certification #: \_\_\_\_\_

### Check sections for compliance.

<input type="checkbox"/>	Personal Information – Last, First, and Middle initial <b>MUST</b> be completed, including Certification number.
<input type="checkbox"/>	<b>Sec. 1: Payment Information</b> - Payment <b>MUST</b> accompany this application.
<input type="checkbox"/>	<b>Sec. 2: Personal Information</b> – Last, First, and Middle initial <b>MUST</b> be completed.
<input type="checkbox"/>	<b>Sec. 3: Member Information and Certification number</b>
<input type="checkbox"/>	<b>Sec. 4: Recertification by Exam Option</b> – if recertifying by exam and/or taking a Seminar, please check this option.
<input type="checkbox"/>	<b>Sec. 5: Recertification by Non- Exam Option</b> - if recertifying by non-exam, please check one option.
<input type="checkbox"/>	<b>Sec. 6: Exam Location</b> – Site Code (if Applicable), Exam Date, City/State, and Submission Deadline
<input type="checkbox"/>	<b>Sec. 7: Proof of Identity</b> – current color copy of government passport or national ID
<input type="checkbox"/>	<b>Sec. 8: Associations</b> – Type of Business, Job Classification and Technical Interests.
<input type="checkbox"/>	<b>Sec. 9: American Disabilities Act (ADA)</b> : if applicable, candidate must print a copy of our ADA package and follow the instructions.
<input type="checkbox"/>	<b>Sec. 10: Qualifying Work Experience</b> - <b>MUST</b> be completed for each employer to meet minimum work experience requirement. All fields are mandatory.
<input type="checkbox"/>	<b>Sec. 11: Visual Acuity Form</b> – (VAF) examination shall be performed not more than 7 months prior to the date of the CWI examination or recertification (page 7 of this package)
<input type="checkbox"/>	<b>Sec. 12: Photo Requirement</b> – To learn more, review the information on how to provide a suitable photo to avoid processing delays by visiting our website.
<input type="checkbox"/>	<b>Sec. 13: Terms and Conditions</b> - This section of the application must be read, checked, dated, and signed by the applicant taking the exam.
<input type="checkbox"/>	<b>Sec. 14: Continuing Education and/or Teaching Credit</b> - Complete this section only if submitting 80 Personal Development Hours.

For Exam Fees [Certification Price List](#)

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

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

2. Personal Information				Name <u>must</u> match your current government issued ID or Passport	
Last Name		First Name		Middle Initial	
Certification #		Exp. Date	AWS Member #		
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. Member Information: Check and complete	
Are you an AWS Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your Member #: _____ <i>Company Membership not applicable.</i>	
What is your AWS CWI Certification number and Expiration: CWI #: _____ Exp. Date: _____	

4. Recertification Exam Options (choose, unless recertifying by a non-exam option).	
CWI Part B- Practical Exam Only - <b>Complete Sections 6 through 9 and 11 through 13.</b>	
<input type="checkbox"/> Exam Only	<input type="checkbox"/> Seminar & Exam <a href="#">Body of Knowledge</a>

5. Recertification Non-Exam Options (choose one, unless recertifying by an exam option):	
5a. <input type="checkbox"/> 80 Professional Development Hours (PDHs) - <b>Complete sections 7-14 and skip 9</b>	
5b. <input type="checkbox"/> CRI Certification achieved prior to 9 <sup>th</sup> year of CWI Certification (submit copy of certificate) - <b>Complete sections 7 and 10 through 13</b>	
5c. <input type="checkbox"/> Endorsement- Achieved prior 9 <sup>th</sup> year of Certification (submit a copy of certificate) - <b>Complete sections 7 and 10 through 13</b>	
5d. <input type="checkbox"/> 9-year Recertification Course - <b>Complete sections 6 through 7 and 10 through 13</b>	

6. Indicate exam location of your choice: Confirmation is emailed in 3-4 weeks from receipt of application. <a href="#">Exam Schedule</a>	
1 <sup>st</sup> Site Code _____ Date _____ City/State _____	*Submission Deadline _____
2 <sup>nd</sup> Site Code _____ Date _____ City/State _____	*Submission Deadline _____
3 <sup>rd</sup> Site Code _____ Date _____ City/State _____	*Submission Deadline _____
<b>NOTE:</b> If the first choice is not available, registration will indicate the next available choice site. <b>DO NOT</b> make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department via email. Refer to <a href="#">AWS Policies and Fees</a> .	

7. Proof of Identity	
<input type="checkbox"/> Please check that you've attached a color copy of your current Government issued ID to this application, such as a driver's license or passport. <b><i>This is required if testing for an endorsement exam through Prometric.</i></b>	

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

**8. 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	<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

Name: \_\_\_\_\_

AWS Member # \_\_\_\_\_

### 9. 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.
- Will you be using a glucose meter during your exam? Yes ☐ No ☐

### 10. Qualifying Work Experience – Resumes not accepted.

\_\_\_\_\_  
(Initial) I attest to having no period of continuous inactivity greater than two years during the previous three years of certification. I understand that work experience documented on this application will 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:		To:
			(Mo.) (Yr.)		(Mo.) (Yr.)
Job Responsibilities- Detailed Description Required					

DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER

### 11. Visual Acuity Form

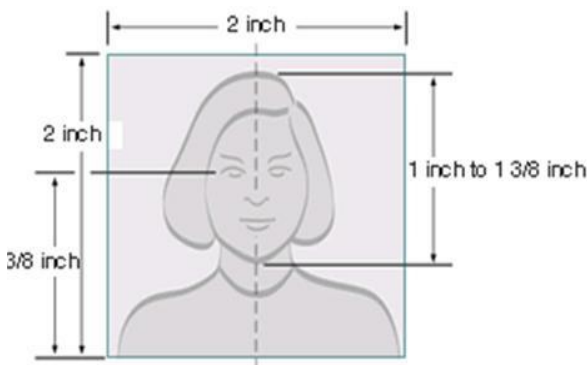
A current Visual Acuity Form must be completed and submitted with this application. To download a copy of the form, please visit our [website](#).

### 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.

#### DO NOT STAPLE OR PAPER CLIP PHOTO



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

**Only use scotch tape on the back of the photo**

Name: \_\_\_\_\_

AWS Member # \_\_\_\_\_

#### Requirements:

Refer to AWS [QC1](#), Standard for AWS Certification of Welding Inspectors for further details.

- Before the end of the ninth year from the date of initial certification, and each nine years thereafter, CWIs seeking recertification shall satisfy either 16.3.1 or 16.3.2.
- Submit an approved renewal application to the AWS Certification Department no earlier than 11 months and no later than 2 months prior to the expiration date of your current certification. Example: Expiration date 06/01/2017, we must receive the application by April 1st 2017 (60 Days) however you can submit your application as early as July 1st, 2016 (11 months).
- AWS may send a renewal notice, but if not received, **it remains the responsibility of the SCWI/CWI to renew on time.**
- The CWI shall attest to having no period of continuous inactivity greater than two years in activities as described in AWS [B5.1](#), Specification for the Qualification of Welding Inspectors, during the previous three years of certification, and shall present evidence of activities meeting the requirements of 16.4 or 16.5 of this specification.
- CWI recertification by taking the Part B Practical examination or by taking a Committee-approved endorsement, and meeting the requirements of 6.2.2 of this specification. The endorsement will not need to be current at the time of application for recertification.
- A minimum of eighty (80) PDHs must be earned (training received or instruction delivered) during the nine-year certification period and twenty (20) of those 80 PDHs must be earned in the final three-year period

#### 13. Terms and Conditions - Please check, date, and sign below.

##### 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. 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, during, or after the exam as stated on the [Exam Security Agreement and General Terms of Use](#) (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.**

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

Name: \_\_\_\_\_

AWS Member # \_\_\_\_\_

**14. Continuing Education and/or Teaching Credit**

Complete this section only if submitting 80 Personal Development Hours. Duplicate this page as necessary.

For details regarding documentation of PDHs please refer to QC1 section 16.5. [www.aws.org/library/doclib/QC1-2007.pdf#page=19#](http://www.aws.org/library/doclib/QC1-2007.pdf#page=19#)**Example:**

PDH	<u>Institution or provider name and contact information:</u> Sample Institution 1234 Street Anywhere, US 54321 Phone: 999-555-1212	<u>Title of course or seminar:</u> Welding Technology 101
	40	DATE OF COMPLETION: January 2, 2099

PDH	<u>Institution or provider name and contact information:</u>	<u>Title of course or seminar:</u>
	DATE OF COMPLETION:	

PDH	<u>Institution or provider name and contact information:</u>	<u>Title of course or seminar:</u>
	DATE OF COMPLETION:	

PDH	<u>Institution or provider name and contact information:</u>	<u>Title of course or seminar:</u>
	DATE OF COMPLETION:	

PDH	<u>Institution or provider name and contact information:</u>	<u>Title of course or seminar:</u>
	DATE OF COMPLETION:	

Name: \_\_\_\_\_

AWS Member # \_\_\_\_\_

**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 prior to the exam, or no later than 60 days after the certification exam date for your CAWI/CWI/SCWI/ or 30 days for the rest of the programs requiring a Visual Acuity Form. Applicants who have not fulfilled all requirements after the certification exam date shall have test scores and application voided, and may be in jeopardy of forfeiting application fees. This form may be sent via fax, 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 within one (1) year of the certification examination date, or within one (1) year of the certification expiration date for renewal or recertification of CWI/SCWI and seven (7) months for all other programs requiring a Visual Acuity Form.

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

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**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: \_\_\_\_\_