



## American Welding Society

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

## CAWI/CWI INITIAL APPLICATION Checklist & Payment Form

Please use this checklist to ensure your application is processed in a timely manner. ***Incomplete application will not be processed.***  
Application must comply with **ALL** items listed below.

### Applicants Information:

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

### Check sections for compliance.

<input type="checkbox"/>	Personal Information – Last, First, and Middle initial <b>MUST</b> be completed
<input type="checkbox"/>	<b>Sec. 1: Payment Method</b> – Payment must accompany this application
<input type="checkbox"/>	<b>Sec. 2: Personal Information</b> – Name must match your current government issued ID or Passport
<input type="checkbox"/>	<b>Sec. 3: Exam Location</b> – Site Code (if Applicable), Exam Date, City/State, and Submission Deadline
<input type="checkbox"/>	<b>Sec. 4: Codebook Package Selection</b> – select only <u>ONE</u> codebook for examination or Exam Only
<input type="checkbox"/>	<b>Sec. 5: Associations</b> – Type of Business, Job Classification and Technical Interests.
<input type="checkbox"/>	<b>Sec. 6: Qualifying Education and Experience Requirements</b> – must include a copy of degree
<input type="checkbox"/>	<b>Sec. 7: Qualifying Work Experience</b> – <u>must</u> be completed for each employer to meet minimum work experience requirement. All fields are mandatory.
<input type="checkbox"/>	<b>Sec. 8: Employment Verification</b> – <u>must</u> be submitted for the company signing this section. All fields are mandatory.
<input type="checkbox"/>	<b>Sec. 9: 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 6 of this package)
<input type="checkbox"/>	<b>Sec. 10: 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. 11 Photo Requirement</b> – To learn more, review the information on how to provide a suitable photo for your wallet card on our web <a href="http://www.aws.org/certification">www.aws.org/certification</a>
<input type="checkbox"/>	<b>Sec. 12: Proof of Identity</b> – current color copy of government passport or national ID
<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.

1. Method of Payment - Payment must accompany this application	AWS USE ONLY
<input type="checkbox"/> Check if billing address is different from mailing, provide below.  _____	Acct #: _____
<b>All checks and money orders made payable to AWS</b>	Date: _____
<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: _____	Amt\$: _____ CWI
SIGNATURE : _____ CVV: _____	

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

## INITIAL CAWI/CWI EXAM APPLICATION

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

2. Personal Information					Name <u>must</u> 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#

3. Exam Location -	Confirmation will be emailed in 3-4 weeks from receipt
<p>1<sup>st</sup> *Site Code: _____ Exam Date: _____ City/State: _____ Submission Deadline: _____</p> <p>2<sup>nd</sup> *Site Code: _____ Exam Date: _____ City/State: _____ Submission Deadline: _____</p> <p>3<sup>rd</sup> *Site Code: _____ Exam Date: _____ City/State: _____ Submission Deadline: _____</p>	
<p><b>*Only if applicable</b></p> <p><b>NOTE:</b> If the first choice is not available, registration will indicate the next available choice site. <u>DO NOT</u> 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. Code Book: choose <u>one</u> of the package options below, or select "CWI Examination Only"	
<p><b>I. <input type="checkbox"/> D1.1 SEMINAR AND EXAM PACKAGE</b> <i>(code book included)</i></p> <p>1. CWI Seminar Week (D1.1 Focus)</p> <p>2. Online Resources (Includes D1.1 Training)</p> <p>3. Certification Exam</p> <p><input type="checkbox"/> Add CWI Pre-Seminar to package (online course only)</p>	<p><b>III. <input type="checkbox"/> CWI EXAMINATION ONLY</b></p> <p><input type="checkbox"/> AWS D1.1 – Structural Steel Code</p> <p><input type="checkbox"/> AWS D1.2 – Structural Aluminum Code</p> <p><input type="checkbox"/> AWS D1.5 – Bridge Welding Code</p> <p><input type="checkbox"/> AWS D15.1 – Railroad</p> <p><input type="checkbox"/> AWS D17.1 – Aerospace</p> <p><input type="checkbox"/> ASME Sections VIII (Div 1) &amp; IX</p> <p><input type="checkbox"/> ASME Section IX, B31.1 and B31.3</p> <p><input type="checkbox"/> API-1104 – Pipelines</p>
<p><b>II. <input type="checkbox"/> API 1104 SEMINAR AND EXAM PACKAGE</b> <i>(code book <u>not</u> provided)</i></p> <p>1. CWI Seminar Week (API 1104 Focus)</p> <p>2. Online Resources (Includes API 1104 Training)</p> <p>3. Certification Exam</p> <p><input type="checkbox"/> add CWI Pre-Seminar to package (online course only)</p>	

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

## 5. Associations

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

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

## 6. 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 (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.	1 Year	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
<input type="checkbox"/> Bachelor or higher degree in welding engineering or welding technology	6 Months	1 year

## 7. Qualifying Work Experience: - Resumes not accepted -

**ALL FIELDS ARE MANDATORY**

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 Month/Year	To Month/Year	
Job Responsibilities <i>Detailed Description Required</i>				

DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER

## 8. 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

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

### 9. Visual Acuity Form

A current Visual Acuity Form must be completed and submitted with this application (page 6 of this application).

### 10. American with Disabilities Act Accommodations

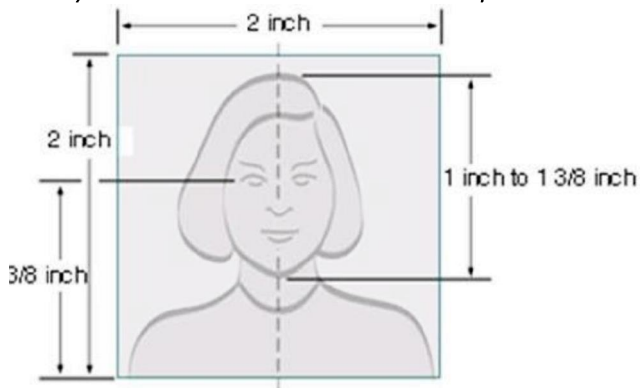
☐ By checking this box, I am requesting special accommodations due to a disability. AWS is committed to complying fully with the ADA. For a copy of the accommodations request package please visit our web: [www.aws.org](http://www.aws.org)

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

### 11. 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**

### 12. 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.

### 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 read 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 # \_\_\_\_\_

## 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 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 ( $\geq 30.5$  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)

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

<div>OD</div> <div><input type="checkbox"/></div>	<div>OS</div> <div><input type="checkbox"/></div>	Customer IS NOT colorblind
<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	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: \_\_\_\_\_