

Upgrade Application
CAWI to CWI
Faxed or emailed applications are <u>NOT</u> accepted

Certification # __ AWS Member # _ _____ Exp. Date __ Last Name First Name Address Apt/Unit/Lot Zip Code City and State / Province / Country Home Telephone Number Work Telephone Number Mobile Telephone Number Date of Birth (example November 30 1952) U.S. SOCIAL SECURITY NUMBER х х х X

Upgrade Requirements

E-Mail Address (Confirmation notification will be sent to this address)

CAWI applicants whose scores met the requirements of CWI but lacked the mandatory (5) years of experience are eligible for a CWI upgrade provided the CAWI status is still current. You must document additional qualifying work experience you have had since initially taking the CWI examination in the section below. Certification personnel will review and verify the additional experience to ensure that the (5) year requirement has been met.

(Reproduce this section for each additional employer)

| Company Name | Type of Business | | Company Pho | ne Number | |
|---|------------------|-------------------------------|-------------------|-----------|-------|
| Company Street Address | | C | ity, State, Posta | al Code | |
| Supervisor's Name | Title of | Title of Immediate Supervisor | | | |
| Supervisor's Email Address | L | D | epartment | | |
| plicant's Job Title | | Employed From: | | То: | |
| | | (Mo.) | (Yr.) | (Mo.) | (Yr.) |
| Job Responsibilities- Detailed Description Required | | | | | |
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| Method of Payment | <u>Fees</u> | AWS USE ONLY |
|---|-------------|--------------|
| Payment must accompany this application | | |
| All checks and money orders made payable to AWS | | Acct #: |
| Check or money order # | | |
| □ VISA □ MC □ AMEX □ Discover | | Date: |
| | | |
| CC#:/// | Exp:/ | |
| | | Amt \$: |
| SIGNATURE: | CVV: | |
| | | |

| Name | AWS Member # |
|--|--|
| Terms and Conditions- Please check, date, a | nd sign below. |
| Certified Welding Inspector | |
| QC1 Standard for the AWS Certification of W 85.1 Specification for the Qualification of We | |
| I agree to comply with the existing r read and agree to the terms and cor included on this application is true. I to verify this information. I agree to my examination and certification. U | standard requirements contained in the certification programs indicated above. Further requirements and any subsequent requirements that may be instituted by AWS. I have notitions set forth in the AWS Policies and Fees form. I certify that the information I have I understand that any false statements will nullify this application. I give AWS permission occumply with the provisions set forth in the Standard concerning the administration of pon obtaining my certification, I give AWS the right to reveal my certification status as it date. I further understand that any required information that is incomplete or missing |
| | ed any exam materials, have no prior knowledge of the AWS exam questions or |
| | ny solicitation for the AWS exam questions or answers from anyone at any time |
| | on the Exam Security Agreement and General Terms of Use (Please click and read this tions. You will be required to sign this form on exam day). I understand that a violation |
| | of my certification and may be grounds for expulsion from any future testing. |
| , | |
| Annlicant's Signature | Date |