

Please read the following important instructions before completing the AWS Exam Application and Visual Acuity Record.

IMPORTANT

If you plan to take the Exam at WTTI, you must:

1. Submit your Course Registration Form to WTTI.
2. Once you are registered in the course, you will receive the exam site code which is required on the AWS Exam Application.
3. The AWS Exam Application can be obtained online at www.wtti.edu/cwi_enroll.html under Step 4.
4. Complete the entire AWS Exam Application and Visual Acuity Record.
REMEMBER:
 - *In part 1 of the AWS Exam Application, enter the site code
 - *In part 4, choose "NONE/EXAMINATION ONLY"
5. The Exam Application, Visual Acuity Record and exam fee must be submitted to the AWS by the submission cut off date which is six weeks prior to the scheduled exam date:
AMERICAN WELDING SOCIETY
550 NW LeJuenne Road
Miami, FL 33126

**Exam Applications received by the AWS after the submission deadline will be assessed a \$250 Fast Track Fee.

LAST NAME:	FIRST NAME:
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8. EDUCATION LEVEL: (only CWI, CAWI and CWE applicants are to complete the following section)

PLEASE CHECK THE APPROPRIATE BOX BELOW :	
<input type="checkbox"/>	High school graduate or achieved GED certificate. CWI and CWE applicants must document five (5) years and CAWI applicants must document two (2) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/>	Did not graduate high school, but completed the 8th grade. CWI and CWE applicants must document nine (9) years and CAWI applicants must document four (4) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/>	Did not complete the 8th grade. CWI and CWE applicants must document twelve (12) years and CAWI applicants must document six (6) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>

Note to CWE applicants: Applicants applying for the CWE examination must be a high school graduate or achieved a GED certificate along with the five years of work experience. You shall also complete the CWE Welding Instructor Credentials Form or submit a written verification letter signed by your teaching supervisor / personnel manager. In addition, a copy of a valid AWS Certified Welder ID/Certification card or test record of passing a valid AWS Certified Welder test for the welding process to be taught. For further information regarding the CWE program, please refer to the QC5-91.

9. ADDITIONAL EDUCATION AND EXPERIENCE: additional education and experience may be substituted according to 5.5 of AWS B5.1

<input type="checkbox"/> VoTech credits - MUST attach transcripts of welding related courses or diploma	Circle no. of years attended 0 1 2 3 4	Maximum one (1) year work substitution credit <i>only</i> if courses completed and <i>within</i> a curriculum related to welding.
<input type="checkbox"/> College credits - MUST attach transcripts of engineering-level courses or diploma	Circle no. of years attended 0 1 2 3 4	Maximum two (2) years work substitution credit <i>only</i> if the degree is in engineering technology, engineering, or physical science
<input type="checkbox"/> Committee participation - MUST attach verifiable documentation to the duration of membership of a particular committee	Circle no. of years attended 0 1 2 3 4	Membership on a technical, certification, qualification, or education committee active in the technical activities shall count towards the time requirements for experience.

SCWI APPLICANTS ONLY

PLEASE BE SURE TO MEET THE FOLLOWING REQUIREMENTS:
<input type="checkbox"/> High school graduate or hold a state or military approved high school equivalency diploma. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/> Minimum of fifteen (15) years experience in an occupational function that has a direct relationship to welded assemblies fabricated to national or international standards. <i>(Please refer to the AWS B5.5)</i>
<input type="checkbox"/> Shall have been certified as a CWI for a minimum of six (6) years.

10. QUALIFYING WORK EXPERIENCE: RESUMES NOT ACCEPTED. THIS SECTION MUST BE COMPLETED.

**** NOTE: PLEASE DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE QUALIFYING WORK EXPERIENCE REQUIREMENTS FOR CWI/CAWI/CWE/SCWI ELIGIBILITY.**

(Initials) I understand that all work experience documented on this application may be verified with both past and present employers.

Company Name: _____ Phone: () _____
 Mailing Address: _____
 City: _____ ST/Prov.: _____ Zip: _____ Country: _____
 Supervisor / Personnel Manager: _____ Dept/Div.: _____
 Supervisor / Personnel Manager's E-mail: _____

APPLICANT'S JOB TITLE: <i>(only for the employer listed above)</i>	FROM MONTH/YEAR	TO MONTH/YEAR

LAST NAME:	FIRST NAME:
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11. EMPLOYMENT VERIFICATION

** NOTE: THIS SECTION **MUST** TO BE COMPLETED BY A SUPERVISOR OR PERSONNEL MANAGER FROM THE MOST RECENT EMPLOYER. IF **SELF-EMPLOYED** OR **CONTRACT APPLICANT** YOU 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.
IF THE EMPLOYER IS NO LONGER IN BUSINESS, PLEASE INCLUDE A COPY OF THE W2 FORM.

Employee's Last Name: _____ First Name: _____ MI: _____
Employer Name: _____ Phone: () _____
Employer Address: _____
City: _____ ST/Prov.: _____ Zip: _____ Country: _____
Supervisor / Personnel Manager: _____ Dept/Div: _____
Supervisor / Personnel Manager's Email: _____

You verify that _____ is or was an employee at your company and conducts the duties during the employment periods stated in this application? No YES

Name: _____ Title: _____
Signature: _____ Date: _____

12. TESTIMONIAL: (this section **MUST be completed or application will be rejected)**

I hereby certify I have read the requirements contained in AWS QC1, *Standard for AWS Certification of Welding Inspectors*. Further, I agree to comply with the existing requirements and any subsequent requirements that may be instituted by AWS. I certify the information I have included in this application is true. I understand any false statements will nullify this application. I further understand that if any information is incomplete or missing, my application will not be processed until all documentation (except the Visual Acuity Record) is complete. Therefore, the examination will not be scheduled until all obligations are fulfilled. I agree to comply with the provisions set forth in AWS QC1 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. Also, if applying for or when achieving a CAWI certification, I am aware that the CAWI certification is only valid for three years and is not eligible for renewal.

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: _____

<u>THE FOLLOWING IS TO BE COMPLETED BY THE NOTARY PUBLIC</u>	
Sworn to and subscribed before me this _____ day of _____ 20____.	
My commission expires _____	Notary Public Signature _____ (seal and/or stamp is REQUIRED)



American Welding Society

550 NW LeJeune Rd Miami, FL 33126
(800) 443-9353 or (305) 443-9353, ext. 273
FAXED APPLICATIONS ARE NOT ACCEPTED

VISUAL ACUITY RECORD

LAST NAME : _____ Certification # (if applicable) : _____

FIRST NAME : _____ MEMBER # (if applicable) : _____

If scheduled to take an AWS certification exam, site location: _____ Date _____

TO APPLICANTS:

This form must be submitted for all Welding Inspector and Radiographic Interpreter applications. Applicants for the Certified Welding Educator only are not required to complete this form.

Before submitting this form with your application to AWS, be sure to keep a copy for your records. If you're unable to supply a completed Visual Acuity Record with your application prior to a submission deadline, you may forward this form to the Certification Department separately. Exam applicants may submit completed Visual Acuity Records on exam day. AWS will not release exam results and/or certification renewal without a completed Visual Acuity Record on file.

You must use the services of an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician's Assistant to administer your required eye examination. The examination must occur within the seven months prior to the scheduled date of the applicant's examination and/or certification expiration 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 form supplied by the AWS Certification Department. No other forms will be accepted.

AWS will not accept visual acuity test results that are incomplete or do not comply with regulations.

THE FOLLOWING THREE SECTIONS ARE TO BE COMPLETED BY THE EYE EXAMINER

1. Please verify the customer's close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater (≥30.5 cm): (please check one of the following)		AWS use only
<input type="checkbox"/>	Both eyes require corrected vision to J2	W
<input type="checkbox"/>	Only one eye needs corrected vision to J2	W
<input type="checkbox"/>	No correction is required.	O

2. Through a color perception examination, is the applicant colorblind? (please check one of the following)		AWS use only
<input type="checkbox"/>	No, customer is not colorblind	C
<input type="checkbox"/>	Yes, customer is colorblind.	B

3. PLEASE PRINT CLEARLY

CUSTOMER NAME: _____ DATE OF EYE EXAMINATION: _____

EXAMINER NAME: _____ TELEPHONE NUMBER: () _____ - _____

EXAMINER ADDRESS: _____

CITY: _____ ST/PROVINCE: _____ ZIP: _____ COUNTRY: _____

EXAMINER PROFESSIONAL STATUS BY (please check only one):

Ophthalmologist Optometrist Medical Doctor Registered Nurse Certified Physician's Assistant

EXAMINER SIGNATURE: _____ STATE/PROV. LICENSE NUMBER: _____

BODY OF KNOWLEDGE

AWS Certified Welding Inspector

The following is an **approximate** breakdown of the examination categories and the number of questions drawn from each subject area.

PART A: FUNDAMENTALS	
<i>Subject</i>	<i>Percentage</i>
Welding Processes	10%
Heat Control & Metallurgy (carbon and low-alloy steel)	6%
Weld Examination	9%
Welding Performance	9%
Definitions and Terminology	12%
Symbols – Welding and NDE	10%
Test Methods – NDE	8%
Reports and Records	6%
Duties and Responsibilities	4%
Safety	5%
Destructive Tests	4%
Cutting	3%
Brazing	2%
Soldering	1%

PART B: PRACTICAL	
<i>Subject</i>	<i>Percentage</i>
Procedure and Welder Qualifications	30%
Mechanical Test and Properties	10%
Welding Inspection and Flaws	36%
NDE	10%
Utilization of Specification and Drawings	10%

PART C: CODE APPLICATIONS	
<i>Subject</i>	<i>Percentage</i>
Materials and Design	10%
Fabrication	30%
Inspection	25%
Qualification	30%

AWS – RECOMMENDED SELF-STUDY **Examination Preparatory Material**

Note: D1.1:2006 or 2008 editions may be used as study material.

AWS PUBLICATIONS	ORDER NUMBER
<i>Certification Manual for Welding Inspectors</i>	CM: 2000
<i>Welding Inspection Handbook</i>	WI: 2000
* <i>D1.1/D1.1M Structural Welding Code-Steel</i>	D1.1/D1.1M: 2008
* <i>D1.1 Code Clinic Reference Manual</i>	D1.1CCRM: 2008
* <i>API 1104 Study Guide for API Standard 1104 Welding of Pipelines</i>	API-M: 2008
* <i>Welding Inspection Technology</i>	WIT-T-2008
* <i>Welding Inspection Technology (Workbook)</i>	WIT-W: 2008
* <i>Welding Inspection Technology Sample CWI Fundamentals Exam</i>	WIT-E: 2008
* <i>Standard Welding Terms and Definitions</i>	A3.0:2001
* <i>Standard Welding Symbols</i>	A2.4: 2007
* <i>Visual Inspection Workshop Reference Manual</i>	VIW-M: 2008
* <i>Guide for the Nondestructive Examination of Welds</i>	B1.10: 1999
* <i>Specification for the Qualification of Welding Inspectors (errata 2007)</i>	B5.1: 2003
❖ Books are provided to participants at the AWS Seminars	

CODE SUBJECTS AVAILABLE
AWS D1.1- Structural Steel Code: 2006 or 2008 edition
API1104- Pipelines 20 th edition with 2007 errata/addenda
AWS D1.2- Structural Aluminum Code: 2003 or 2008 edition
ASME Section IX (2007 edition), B31.1 (2007 edition), & B31.3 (2006 edition)
AWS D15.1 - Railroad: 2007 edition
ASME Sections VIII (Div 1) & IX, (both 2007 editions)
AWS D1.5- Bridge Welding Code: 2008 edition

OTHER RECOMMENDATIONS	ORDER NUMBER
AWS Welding Handbook Series	WHB-ALL
Guide for the Visual Examination of Welds	B1.11: 2000
Safety in Welding, Cutting and Allied Processes	ANSI Z49.1: 2005

TO PURCHASE ANY OF THE AWS PUBLICATIONS OR THE API1104 CODEBOOK:

- ❑ Contact WEX at 888-WELDING or 305-824-1177
- ❑ Or visit the website at www.awspubs.com



AWS EXAM CANCELLATION REFUND POLICIES AND OTHER FEES

CANCELLATION REFUND POLICY FOR EXAM ONLY

The Certification Business Unit **MUST** receive cancellation Request Forms no later than 2 weeks prior to the exam date. If your cancellation is received less than 2 weeks prior, you will be refunded the full amount less a **\$140 exam cancellation fee**.

PROCESSING FEE

Included with all certification exam prices, there is a **\$75 processing fee**. If you do not qualify to sit for the AWS certification exam, you will be refunded in full less a **\$75 processing fee**.

FAST TRACK PROCESS FEE

Application Submission Deadline is 6 weeks prior to the scheduled test date. However, if your application is received after the 6 weeks period, AWS will expedite your application process in order to accommodate you for your requested test site. A **\$250 Fast Track Process Fee** will be assessed for this service. Please note that AWS cannot guarantee space at a test site once test materials have been shipped.

RESCHEDULING EXAM FEE

Once an application is qualified and processed, a **\$140 rescheduling fee** will be assessed if an applicant requests a test site change within 2 weeks of the exam date. A Request to Change Test Site Location Form must be completed and received by the Certification Business Unit within 2 weeks of the exam date.

EXAM NO SHOW PENALTY FEE

If an individual fails to cancel, he/she agrees to forfeit all fees.

AWS RECOMMENDS YOU USE PRIORITY MAIL WITH TRACKING OPTION WHEN SUBMITTING YOUR APPLICATION.

FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE

In accordance with the **Americans with Disabilities Act (ADA)**, AWS strives to accommodate all participants with special needs. If you require assistance, please inform the AWS Certification Department, (800) 443-9353, ext. 273, well in advance of the date of the exam.