



*For your convenience, please use our [Certification Application Portal](#).
Effective November 15th, 2019, applications will be charged an additional non-refundable fee of \$125.00 if sent to AWS by email or paper.*

1. Personal Information *Name must 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#	

2. Check and Complete the Following:	
Are you an AWS Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Member #: _____ CWI Certification # _____ SCWI shall have been certified as a CWI for a minimum of six (6) years of the previous eight (8) years	<input type="checkbox"/> Check here if taking any non-AWS seminar prior to the exam. Name of Training Provider _____ Location _____ Date _____

NOTE

This exam will be offered all over the US in convenient locations using computer based testing with our partners at Prometric. After your application has been submitted and approved, you will be provided with an Authorization to Test (ATT) Letter in order to schedule your appointment through Prometric at one of their centers.

3. Method of Payment - All checks and money orders should be made payable to AWS.	AWS USE ONLY
<i>Payment must accompany your application</i>	
<input type="checkbox"/> Check or money order # _____	Acct #: _____
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover CVV: _____	Date: _____
CC#: _____ / _____ / _____ / _____ Exp: _____ / _____	AMT\$: _____
SIGNATURE: _____	
Click here for current fees or visit http://bit.ly/1QseRd2	

Name: _____

AWS Member # _____

4. American with Disabilities Act Accommodations

ADA Request and documentation needs to be submitted 6 weeks prior to seminar and exam week.

- By checking this box I am requesting special accommodations due to a disability. AWS is committed to complying fully with the ADA. A copy of the accommodations request form can be found [here](#).
 Will you be using a glucose meter during your exam? Yes No

5. Visual Acuity Form

A current [Visual Acuity Form](#) must be completed and submitted with this application.

6. Qualifying Education and Experience Requirements

Check the box indicating highest level of education. Post-high school education may be substituted for equal number of required 15 years work history. Must include copy of transcripts for engineering, engineering technology, physical science or vocational education courses or degree.

Minimum Education Level	Minimum Work History
<input type="checkbox"/> High School Diploma or GED	15 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.	14 years
<input type="checkbox"/> High school diploma plus two or more years engineering/technical school courses.	13 years
<input type="checkbox"/> Associate or higher degree in engineering technology, engineering, or a physical science.	12 years
<input type="checkbox"/> Bachelor or higher degree in welding engineering or welding technology	11 years

7. Qualifying Work Experience: Resumes not accepted. This section *must* be completed.

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- <i>Detailed Description Required</i>					

DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER

Name: _____ AWS Member # _____

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: _____

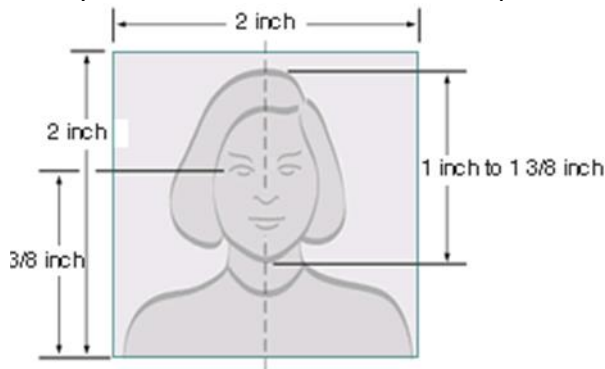
Supervisor/Personnel Manager's Name

Month/Day/Year

9. 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**.*

Only use scotch tape on the back of the photo

10. 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.

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CANDIDATE ATTESTATION AGREEMENT

PROGRAM AND REGISTRATION TERMS, POLICIES, AND FEES

I hereby attest that I have read the program requirements contained in the following program document:

- [QC1 Specification for the AWS Certification of Welding Inspectors](#)
- [B5.1 Specification for the Qualification of Welding Inspectors](#)

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 attest 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 Specification 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.

CODE OF ETHICS, RULES OF CONDUCT AND PRACTICE

I attest that I have thoroughly read QC1: 2016-AMD 1 *Specification for the AWS Certification of Welding Inspectors, Clause 11 - Code of Ethics, Rules of Conduct and Practice* and agree to comply with it.

[Administrative Procedures for Alleged Violations of AWS Certification Programs](#)

EXAMINATION POLICIES AND RULES

Furthermore, I attest 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 [Candidate Attestation Agreement](#) (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. AWS may send text alerts regarding your seminar and/or exam site information or status.

COVID-19/COMMUNICABLE DISEASE LIABILITY POLICIES AND WAIVER

Furthermore, I attest that I have read and understand the [COVID-19/Communicable Disease Liability Waiver requirements](#). I attest that I understand that I will be asked to sign this waiver at the start of any AWS seminar, class, exam, or other AWS event. I further understand that failing to agree to the pronouncements in the waiver will disqualify me from participating in the event, and I will be barred from entering the event room or participating the event. I further understand that being barred for failing to agree to the pronouncements will result in forfeiture of all registration fees. I understand that I will also be barred from the event if I do not attest to both of the COVID-19 statements related to recent symptoms and exposure risks.

Applicant's Signature _____ Date: _____