



For your convenience, please use our Certification Application Portal.
Effective November 15th, 2019, this application will be charged an additional \$125.00 if sent to AWS by email or paper.

Last Name (Must match current Government Issue ID) First Name (Must match current Government Issue ID) MI

Grid for entering last name, first name, and middle initial (MI).

1. Check and complete the following:

Are you an AWS Member? Yes No If yes, please provide your Member #: Company Membership not applicable.
What is your AWS SCWI Certification number and Expiration: SCWI #: Exp. Date:

2. Recertification Exam Options (choose one, unless recertifying by a non-exam option).

2a. SCWI Part A& B- Exam Only - Complete Sections 4 through 8 and 10 through 12.
2b. Endorsement- Achieved in 9th year of Certification: Body of Knowledge
All endorsement exams (with the exception of Structural Drawing Reading) will be offered all over the US in convenient locations using computer based testing with our partners at Prometric.

Available at Prometric Locations: - Complete Sections 5 through 8 and 10 through 12
AWS D1.1 - Structural Steel Code* AWS D15.1 - Railroad*
API-1104 - Pipelines* AWS D17.1 - Aerospace*
AWS D1.2 - Structural Aluminum Code* ASME Sections VIII (Div 1) & IX*
AWS D1.5 - Bridge Welding Code* ASME Section IX, B31.1 and B31.3*
Prometric Seat Fee of \$60.00 will be added to the application cost.

Available at AWS Test Locations: - Complete Sections 4 through 8 and 10 through 12
Structural Drawing Reading (closed book)*
Important Note: AWS QC1 defines endorsements as "Indication of an additional skill documented in writing and added to one's certification credential(s)".

3. Recertification Non-Exam Options (choose one, unless recertifying by an exam option):

3a. 80 Professional Development Hours (PDHs) - Complete sections 5 through 7 and 9 through 13
3b. AWS Endorsement achieved prior to 9th year of certification (submit copy of certificate) - Complete sections 5 through 7 and 9 through 12
3c. CRI Certification achieved prior to 9th year of CWI Certification (submit copy of certificate) - Complete sections 5 through 7 and 9 through 12
3d. 9-year Recertification Course - Complete sections 4 through 7 and 9 through 12

4. Indicate exam location of your choice: Confirmation is emailed in 3-4 weeks from receipt of application. Exam Schedule

1st Site Code Date City/State *Submission Deadline
2nd Site Code Date City/State *Submission Deadline
3rd Site Code Date City/State *Submission Deadline

NOTE: If the first choice is not available, registration will indicate the next available choice site. DO NOT make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department via email. Refer to AWS Policies and Fees.

5. Method of Payment- Payment must accompany your application. AWS USE ONLY

Check or money order # (Make Payable to AWS) Acct #:
VISA MC AMEX Discover CVV: Date:
CC#: / / / Exp: / / Amt \$:
SIGNATURE:
Click here for current AWS application fees or visit our web

6. Personal Information

Address

Grid for address input

Address (cont'd)

Apt #

Grid for address (cont'd) and apt # input

City and State / Province / Country

Zip Code

Grid for city/state and zip code input

Home Telephone Number

Work Telephone Number

Mobile Telephone Number

Grid for home telephone number input

Grid for work telephone number input

Grid for mobile telephone number input

Date of Birth (example November 30 1952)

U.S. Social Security Number (last 4 only)

Grid for date of birth input

Grid for U.S. Social Security Number input

Month Day Year

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

Grid for E-Mail Address input

7. 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 # _____

8. 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

9. 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.

DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER

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				

10. Visual Acuity Form

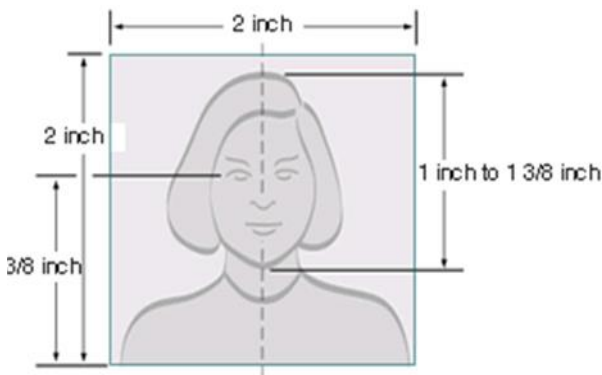
A current Visual Acuity Form must be completed and submitted with this application. To download a copy of the form, please visit our [website](#).

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.

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, SCWIs seeking recertification shall satisfy either 16.2.1 or 16.2.2.
- 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 SCWI 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.
- SCWI recertification by examination by satisfying the requirements of 6.1 of this specification, or by taking a Committee-approved endorsement.
- 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.

12. Terms and Conditions - Please check, date, and sign below.

Senior Certified Welding Inspector

[QC1 Standard for the AWS Certification of Welding Inspectors](#)

[B5.1 Specification for the Qualification of Welding Inspectors](#)

- I hereby attest 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 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 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 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.

Applicant's Signature _____ Date _____

This space intentionally left blank

Name: _____

AWS Member # _____

13. 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#

Example:

<u>PDH</u> 40	<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
	DATE OF COMPLETION: January 2, 2099	

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

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

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

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