



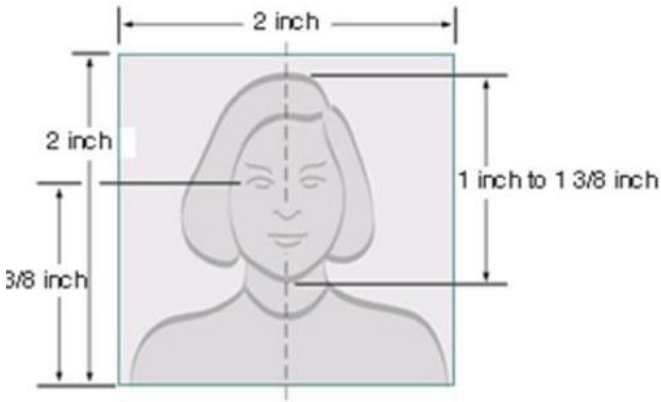


Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

**7. 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.



Photos copied or digitally scanned from driver's licenses or other official documents are **not acceptable**.

Print your name and AWS membership number on the reverse of the photograph.

Only use scotch tape on the back of the photo.

**8. Educational Background**

Check the box indicating your highest level of education. Must include a copy of transcripts for engineering, engineering technology, physical science or vocational education courses

Minimum Education Level	Minimum Work History
<input type="checkbox"/> High school diploma or GED	15 years
<input type="checkbox"/> Associate in Applied Science degree	10 years
<input type="checkbox"/> Other related Bachelor of Science degrees	5 years
<input type="checkbox"/> Bachelor of Science degree in engineering technology	2 years
<input type="checkbox"/> Bachelor of Science degree in engineering	1 year

1. Date of graduation/issue \_\_\_\_\_ 2. City and school/issuing agency \_\_\_\_\_

List education below **You must attach supporting documentation** (e.g., copies of transcripts, diplomas, etc.). Please list only the items that are necessary to satisfy education requirements for CWEng certification.

Name and Address of Institution	Date		Course of Study	If graduated, check one:
	From	To		
				<input type="checkbox"/> B.Sc. in engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> B.Sc. in eng. technology <input type="checkbox"/> A.S.S. degree <input type="checkbox"/> High school diploma
				<input type="checkbox"/> B.Sc. in engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> B.Sc. in eng. technology <input type="checkbox"/> A.S.S. degree <input type="checkbox"/> High school diploma

Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_

**9. Qualifying Work Experience**

Experience Requirements- Check all which best describes the majority of your work experience

- Manufacturing
- Fabrication
- Construction
- Research & Development
- Training

*Make as many copies of this form as needed*

<b>Company Name</b>	<b>Type of Business</b>	<b>Company Phone Number</b>	
<b>Company Street Address</b>		<b>City, State, Zip Code</b>	
<b>Supervisor's Name</b>		<b>Title of Immediate Supervisor</b>	
<b>Supervisor's Email Address</b>		<b>Department</b>	
<b>Applicant's Job Title</b>	<b>Employed From:</b>	<b>To:</b>	
	(Mo.) (Yr.)	(Mo.)	(Yr.)
<b>Job Responsibilities- Detailed Description Required</b>			

**10. Employment Verification**

Please enter your name and then forward to your supervisor for completion. Make as many copies of this form as necessary so each employer may use it to demonstrate the required years of experience. These forms must accompany your application.

- 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: \_\_\_\_\_ Membership Number: \_\_\_\_\_

**11. Provisto**

Upon obtaining my certification, I give AWS the right to reveal my certification status as it relates to my validity and expiration date only. No other information related to my certification is to be revealed.  Yes  No

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

**PROGRAM AND REGISTRATION TERMS, POLICIES, AND FEES**

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

- [B5.16 Specification for the Qualification of Welding Engineers](#)

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.

**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 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. 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 certify that I have read and understand the [COVID-19/Communicable Disease Liability Waiver requirements](#). I certify 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: \_\_\_\_\_