



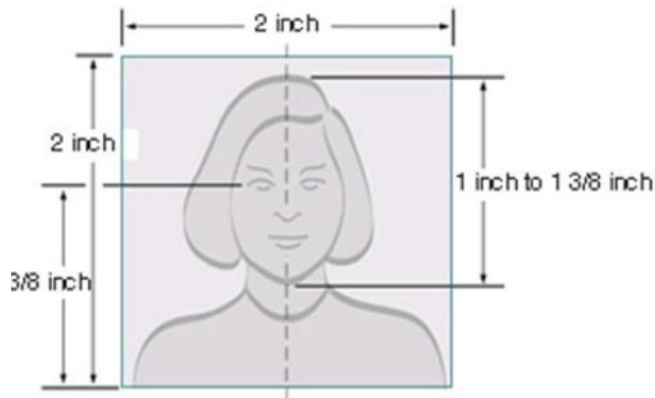
*For your convenience, please use our [Certification Application Portal](#).
Effective November 15th, 2019, applications will be charged an additional non-refundable fee of \$125.00 if sent to AWS by email or paper.*

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#

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.

Method of Payment	Fees	AWS USE ONLY
Payment must accompany this application. All checks and money orders made payable to AWS <input type="checkbox"/> Check or money order # _____ <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover CVV: _____ CC#: _____ / _____ / _____ / _____ Exp: _____ / _____ SIGNATURE: _____		Acct #: _____ Date: _____ Amt \$: _____

Continuing Education and/or Teaching Credit

- A minimum of eighty (80) PDHs must be earned every five (5) years to maintain qualification.
- A PDH is no less than 50 minutes of personal interaction between a learner and instructor. Interaction implies two-way communication in order for the learner to receive feedback.
- A maximum of eighty (80) PDHs are allowed for any one course.
- PDHs claimed must be accompanied by a course description and certificate of completion indicating number of contact hours.
- Continued education shall relate to the following functions:
 - Safety
 - Design
 - Materials and Welding/Joining Metallurgy
 - Welding, Cutting and Joining Processes
 - Quality Assurance, Quality Control and Welding/Joining Economics
 - Mathematics
 - Physics
 - Chemistry

Example:

PDH 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:	

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

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

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

Certified Welder Engineer

[B5.16:2006, 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.

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 _____