



WELDER and WELDING OPERATOR PERFORMANCE QUALIFICATION RECORD

| | | |
|--------------------------------|----------------|--------------------------|
| Welder's Name: | ATF No: | Test No. |
| Welder's SS No. XXX-XX- | Date: | Reference WPS No: |

| VARIABLE | QUALIFICATION TEST DETAIL | QUALIFICATION RANGE* |
|---|--|--|
| Code or Specification Used: | | |
| Welding Process and Type: | <input type="checkbox"/> Manual <input type="checkbox"/> Semiautomatic <input type="checkbox"/> Mechanized <input type="checkbox"/> Automatic | <input type="checkbox"/> Manual <input type="checkbox"/> Semiautomatic <input type="checkbox"/> Mechanized <input type="checkbox"/> Automatic |
| Backing: | <input type="checkbox"/> Used <input type="checkbox"/> Not Used | Required if used |
| Base Metal Spec/P or M-Number | | |
| Plate/Pipe Thickness – Groove | Plate <input type="checkbox"/> Pipe <input type="checkbox"/> Thick. | |
| Plate/Pipe Thickness – Fillet | Plate <input type="checkbox"/> Pipe <input type="checkbox"/> Thick. | |
| Pipe/Tubular Outside Diameter – Groove | | |
| Pipe/Tubular Outside Diameter – Fillet | | |
| Filler Metal Specification No. | | |
| Classification No. | | |
| F No. | | |
| Diameter | | |
| Consumable Insert | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Penetration Enhancing Flux | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Deposited Weld Metal Thickness | | |
| Current/Polarity & Current Range | Type/Polarity: Range: Amperes | |
| Metal Transfer Mode (GMAW or FCAW) | | |
| Torch Shielding Gas | Type: Flow: | |
| Root Shielding Gas | <input type="checkbox"/> NA Type: Flow: | |
| Position(s) | Test Position(s) (1G, 2G, etc.): | Qualified Position(s) (F, H, V, O, or All) |
| Vertical Progression | <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill | <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill |

* NOTE: Insert NA for Variables that are identified as Non-essential in the Code or Specification used for the Performance Qualification Test

| MECHANICAL TEST RESULTS | | | |
|--|---------|--|---------|
| Type And Figure No. | Results | Type And Figure No. | Results |
| | | | |
| | | | |
| | | | |
| Guided mechanical Testing Conducted By: | | Date: | |
| NONDESTRUCTIVE EXAMINATION RESULTS | | | |
| Radiographic Results: | | Report No. | |
| Radiographic Testing Conducted By: | | | |
| Welding Witnessed By: | | Visual Inspection: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (reason) | |
| We certify that the statements in this record are correct and the test welds were prepared, welded and tested in accordance with the requirements of: AWS D1.1- , AWS B2.1- Other: | | | |
| Date Qualified: | | ATF Name and Number: | |
| | | Signed By: | |
| | | CWI No. | |



AWS Certified Welder Application

Please print in blue or black ink

\$35, Certification fee must accompany this form. (Prices are subject to change.)

Personal Information. (To be completed by the applicant)

Last Name: _____ First Name: _____ MI: _____
 Home Address: _____ Apt./Ste. No.: _____
 City: _____ State: _____ Zip Code: _____
 Province / Country: _____
 S.S. #: XXX-XX- _____ Home Tel. #: () - _____ Work Tel. #: () - _____
 Email Address: _____

Check here to have the Welder's Certification mailed to the employer's address.

Company Name: _____
 Company Address: _____ Ste. No.: _____
 City: _____ State: _____ Zip Code: _____
 Province / Country: _____

Upon obtaining my certification, I give AWS the right to reveal my certification status as it relates to its validity and the expiration date only. No other information related to my certification shall be revealed. Yes No. If Yes, please initial here _____

Test Information (To be completed by Facility's Test Supervisor)

Accredited Test Facility: _____ Certificate#: _____
 WPS: _____ Date Tested: - -
Indicate WPS as required by AWS B2.1. If Supplement G is used, indicate the WPS Number as assigned by the employer. ex: 04/12/2012

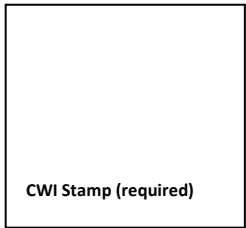
QUALIFICATIONS RANGE: Place the appropriate abbreviation in each category box

| Supplement | Code | Process | Gas (optional) | Filler Metal | Base Metal | Position(s) | Thickness, Backing - or - Thickness, Pipe OD & Backing |
|------------|------|---------|-------------------|-----------------|------------|-------------|--|
| | | | | | | | |
| | | | | | | | |

REVIEWED: Facility Test Supervisor:

 Signature Printed Name

 Date CWI Certification Number Expiration Date



550 N.W. LeJeune Road Miami, FL 33126 Tel: (800) 443-9353, Ext. 273 Fax (305) 443-6445

Method of Payment

Check #: _____ Visa Master Card American Express Diners Club Discover
 Credit Card #: _____ Exp. Date: - -
 Signature: _____

AWS Use Only

| | | |
|----------------|------------|---------|
| Date Received: | Account #: | Amount: |
|----------------|------------|---------|



Certified Welder Application

INSTRUCTIONS FOR APPLICATION

There is a \$35 fee for **each** certification granted. For credit card information, fill out the box at the bottom of the application. Please fill out a separate application for each certification that the welder tested.

Personal Information (supplied by welder): The welder is responsible for maintaining the certification and AWS must have a personal address in order to stay in contact with him/her. All certification materials will be sent to the welder's home address, unless specified to be sent to employer's address. **Remember to contact AWS if you change your address!** If the box "Send Results to Employer", is checked, the employer's address must be supplied. AWS will send a confirmation letter to the company address indicated below the box.

Test Information (supplied by the Facility Test Supervisor): When using Supplement G, AWS must have a copy of the actual WPS on file. If you have previously submitted the WPS or are utilizing an AWS B2 SWPS, the AWS Certification Department has a record of this information. Any further tests using that same WPS can be referenced on the application. If this is the first time a WPS is being used, please submit a copy of that WPS and any supporting paperwork along with the application.

Under Qualifications, list the abbreviations that should appear on the welder certification card using the codes below. Note that some categories, such as Gas, may not apply in all situations (SMAW for example). Also, consider the "typical" essential variables of Welder Qualifications, such as position(s), up or down progression, thickness, outside diameter (OD, if pipe), and use or non-use of backing.

Authorization: If the welder wants the certification information to be released, for example, to people wishing to hire AWS Certified Welders, have the welder sign initials, where indicated on the application.

Review: After completing the application, the Facility Test Supervisor must sign the document, indicating his CWI certificate number and its expiration date. Signature by the ATF Supervisor attests to the completeness and accuracy of the record supplied.

GUIDE TO INTERPRETING ABBREVIATIONS ON AWS CERTIFIED WELDER CARD

EXAMPLE

| Supplement | Code | Process | Gas (optional) | Filler Metal | Base Metal | Position(s) | Thickness, Backing - or - Thickness, Pipe OD & Backing |
|------------|------|---------|-----------------|--------------|------------|-------------|--|
| G | D1.1 | GTAW | Ar 100% | ER70S-2 | A106B | 4G | L: 1/8-3/4": 4" OD: WB |
| | | FCAW | CO ₂ | E71T-1 | | 4G | L: 1/8-3/4": 4"OD: WB |

AWS SUPPLEMENTS

| | |
|------|--|
| C | Sheet Metal Welding (AWS D9.1) |
| F | Chemical Plant and Petroleum Piping (ASME B31.3 and Sec. IX) |
| G | Generic Supplement (Company-furnished WPS and acceptance criteria) |
| B2.1 | SWPS |

| | |
|---------------|--|
| CODES: | <i>(For Supplement G only, reference appropriate acceptance criteria.)</i> |
| B2.1 | AWS B2.1, <i>Standard for Welding Procedure and Performance Qualification</i> |
| D1.1 | AWS D1.1, <i>Structural Welding Code - Steel</i> |
| D1.2 | AWS D1.2, <i>Structural Welding Code - Aluminum</i> |
| D9.1 | AWS D9.1, <i>Sheet Metal Welding Code</i> |
| ASME IX | ASME Section IX, <i>Qualification Standard for Welding and Brazing Procedures, Welders, Brazers, and Welding and Brazing Operators</i> |
| D15.1 | AWS D15.1, <i>Railroad Welding Specification - Cars and Locomotives</i> |
| API | API 1104, <i>Welding of Pipelines and Related Facilities</i> |
| CUST | <i>Other customer may be used as indicated on the employer supplied WPS</i> |

**Other standards/codes may be used as indicated on the employer supplied – WPS*

PROCESSES:

| | |
|--------|---------------------------------------|
| SMAW | Shielded Metal Arc Welding (SMAW) |
| GMAW | Gas Metal Arc Welding (GMAW) |
| GMAW-S | Gas Metal Arc Welding - Short Circuit |
| FCAW | Flux Cored Arc Welding (FCAW) |
| GTAW | Gas Tungsten Arc Welding (GTAW) |
| SAW | Submerged Arc Welding (SAW) |
| BZ | Brazing |

GAS:

| | |
|--------------------|----------------------|
| AR | Argon |
| HE | Helium |
| Ar/CO ₂ | Argon/Carbon Dioxide |
| CO ₂ | Carbon Dioxide |
| Other - specify | |

FILLER METAL (AWS CLASSIFICATION NUMBER)

ER309-L
E7018-A1L
ER70S-2

BASE METAL

AXXX ASTM Designations (i.e., A36)
M Material Numbers from B2
SAXXX (SA106, SA105, SA304L, etc.)
PX (P1, P8, P44, etc.)

POSITION

1G Groove Weld, Flat
2G Groove Weld, Horizontal
3G Groove Weld, Vertical
4G Groove Weld, Overhead
5G Groove Weld, (Pipe) Vertical
6G Groove Weld, (Pipe) 45° Vertical
6GR Groove Weld, (Pipe) 45 with Restriction Ring
1F Fillet Weld, Flat
2F Fillet Weld, Horizontal
3F Fillet Weld, Vertical
4F Fillet Weld, Overhead
V Vertical Progression Up
D Vertical Progression Down
A All

THICKNESS

U Unlimited (ex. 1/8" to Unlimited)
L Limited (ex. 1/8-3/4")
xx-xx Range in sheet gauges (ex. 11 - 18)
x/x Thickness in fractions of an inch (ex. 3/8")
SCH Schedule listing for pipe thickness (ex. Sch 40)
WB With backing
WOB Without backing
OD Outside Diameter (pipe)



MAINTENANCE OF WELDER CERTIFICATION

\$15, Maintenance fee must accompany this form. (Prices are subject to change.)

Last Name: _____ First Name: _____ MI: _____

Email Address: _____

S.S. #: XXX-XX- _____

Certification #: _____

Enter the date you most recently used the processes you would like to maintain.

Important: Failure to include dates below will result in payment being forfeited.

| | | | | | | | | | | | |
|-------------|-------|---|-------|--------------|-------|---|-------|-------------|-------|---|-------|
| SMAW | _____ | - | _____ | GMAW | _____ | - | _____ | FCAW | _____ | - | _____ |
| GTAW | _____ | - | _____ | Other | _____ | - | _____ | | _____ | - | _____ |

Your certification is extended from the dates you have indicated above. Ex: 04/12/2012

Verification: / Employer / Test Supervisor / Customer: Certify that the above named welder used the welding process(es) on the dates indicated.

Important: This form is NOT to be signed by the applicant. (Please Circle One)

Print Name: _____ Title: _____

Company: _____ Phone: () - - _____

Signature: _____ Date: - - _____

Copy this form as needed.

If your mailing address has changed in the last six months, please list new address below:

New Address: _____ Apt./Ste. No.: _____

City: _____ State: _____ Zip Code: _____

Province/Country: _____

YOUR CERTIFICATION IS IMPORTANT TO YOU AND TO US!

Use these forms before your expiration date to properly maintain your certification. Certifications in accordance with Supplement C or D9.1 for the Sheet Metal Welding Code require maintenance every 12 months. Certifications in accordance with D1.1 and all other codes require maintenance every 6 months. Check the requirements of the standard that governs your certification to assure that maintenance is received by AWS at the proper intervals. All checks and money orders must be made payable to AWS and mailed to: AWS, 550 NW LeJeune Rd., Miami, FL 33126.

WE RECOMMEND SENDING YOUR FORM VIA US MAIL-RETURN RECEIPT REQUESTED.

Method of Payment

Check #: _____ Visa Master Card American Express Diners Club Discover

Credit Card #: _____ Exp. Date: _____

Signature: _____

AWS Use Only

| | | | | | |
|----------------|-------|------------|-------|---------|-------|
| Date Received: | _____ | Account #: | _____ | Amount: | _____ |
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CODES: *(For Supplement G only, reference appropriate acceptance criteria.)*

- B2.1 AWS B2.1, *Standard for Welding Procedure and Performance Qualification*
- D1.1 AWS D1.1, *Structural Welding Code - Steel*
- D1.2 AWS D1. 2, *Structural Welding Code - Aluminum*
- D9.1 AWS D9.1, *Sheet Metal Welding Code*
- ASME IX ASME Section IX, *Qualification Standard for Welding and Brazing Procedures, Welders, Brazers, and Welding and Brazing Operators*
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- SAW Submerged Arc Welding (SAW)
- BZ Brazing

GAS:

- AR Argon
- HE Helium
- Ar/CO₂ Argon/Carbon Dioxide
- CO₂ Carbon Dioxide
- Other - specify

FILLER METAL (AWS CLASSIFICATION NUMBER)

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BASE METAL

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