

(800) 443-9353 or (305) 443-9353, ext. 273 **FAXED APPLICATIONS ARE NOT ACCEPTED** 

# SENIOR CERTIFIED and CERTIFIED WELDING INSPECTOR RENEWAL PROGRAM INFORMATION

The renewal of your certification is part of the process of maintaining your certification in accordance with AWS QC1, *Standard for AWS Certification of Welding Inspectors*. For your convenience, you can download and print AWS QC1 by visiting our website at: <a href="http://files.aws.org/certification/docs/QC1-2007.pdf">http://files.aws.org/certification/docs/QC1.2007.pdf</a>.

Please complete the renewal application and submit it to AWS before your certification expiration date. The application may be submitted up to six months prior to the current expiration.

Please note that it is your responsibility to renew your certification before it expires. If you fail to renew before the expiration date, and you exceed the 60-day administrative extension period (from your expiration date) to renew, you will not be allowed to renew your certification. You will be required to test on all parts of the Welding Inspector exam to obtain certification.

To qualify, renewal applicants must attest to having no period of continuous inactivity greater than two years in inspection activities as defined in AWS QC1, *Standard for AWS Certification of Welding Inspectors* and AWS B5.1, *Specification for the Qualification of Welding Inspectors*, during the previous three years of certification.

Additionally, you must also provide a current Visual Acuity Record with your application. The Visual Acuity Record cannot be dated more than seven months prior to the expiration date of your current certification.

### **NOTARIZATION**

Please note that it is **MANDATORY** that all applications are notarized. There will be **NO EXCEPTIONS**. Applications without proper notarization will not be processed.

### CWI UPGRADE

Applicants whose scores on each part of the examination met the requirements of AWS QC1 for CWI level certification but did not meet the experience requirements of AWS B5.1 may request an upgrade from the Certified Associate Welding Inspector (CAWI) level to the Certified Welding Inspector (CWI) level once the experience requirements are met.

### CAWI STATUS

CAWIs are not eligible for renewal. A CAWI may only hold the CAWI certification for a three-year period. The CAWIs must meet the requirements of 6.2.2 of the QC1 standard in or before the third year of their CAWI certification.

### **RENEWAL AND UPGRADE FEES**

All checks and money orders should be made payable to AWS. Payment must accompany your application.

You must allow adequate time for your application to be processed. Please be prompt in submitting your application because applications cannot be faxed or emailed.

To verify delivery and receipt of your application, we recommend you use priority mail with tracking options when mailing your application. If you choose to apply, please send your application package to:

American Welding Society 550 NW LeJeune Road Miami, Florida 33126

PLEASE RETAIN A COPY OF YOUR COMPLETED APPLICATION FOR YOUR RECORDS. If you have questions, give us a call at (800) 443-9353, extension 273.

# **American Welding Society**

| ļ |
|---|
| 5 |

550 N.W. LeJeune Road, Miami, FL 33126 (800) 443-9353 or (305) 443-9353, ext. 273 FAXED OR EMAILED APPLICATIONS ARE NOT ACCEPTED

# WELDING INSPECTOR (CWI & SCWI) **RENEWAL APPLICATION**

| Image: RENEWAL Member \$445       Non-Member \$455         Image: Renewal Member \$240       Non-Member \$455         None-According to CC1: 2007, papilicants whose scores on each part of the coamination meeting the requirements of \$2.2 of CC1:2007 but did state an upgrade to the CVP level once the experience requirements are met.       Image: Renewal Member \$445         Youre occasive. AWS Maxies?       Image: Renewal Member \$445       Image: Renewal Member \$445         Youre occasive. AWS Maxies?       Image: Renewal Member \$445       Image: Renewal Member \$445         Youre occasive. AWS Maxies?       Image: Renewal Member \$445       Image: Renewal Member \$445         Youre occasive. AWS Maxies?       Image: Renewal Member \$445       Image: Renewal Member \$445         Youre occasive. AWS Maxies?       Image: Renewal Member \$445       Image: Renewal Member \$445         Maxies occasive. AWS Maxies?       Image: Renewal Member \$445       Image: Renewal Member \$445         Maxies occasive. AWS Maxies?       Image: Renewal Member \$445       Image: Renewal Member \$445         Maxies occasive. AWS Maxies?       Image: Renewal Member \$445       Image: Renewal Member \$445         Maxies occasive. AWS Maxies?       Image: Renewal Member \$445       Image: Renewal Member \$445         Maxies occasive. AWS Maxies?       Image: Renewal Member \$455       Image: Renewal Member \$455         Maxies occonder       Image: Renewal Member \$455       Im   | PLEASE CHECK AND COMPLETE THE FOLLOWING:   | Method of Payment   |
|---|--|---|
|   | RENEWAL Member \$445 Non-Member \$660  | Payment must accompany your application.                                |
| Note: According to UL 2007, application whole source on each part of the examination meeting the requirements of a 2.2 of AVX BB 1. may request an upgrade to the CWI level on the experience requirements are met.       Image: Control to CWI level on the experience requirements are met.         Vous onclaws. AWS Mexages #   | UPGRADE Member \$240 Non-Member \$455  |   |
| Your Centriecation #       Mo       Yr       Signature         Ast Name       Mi       AWS Use Only       Date       AWS Use Only         First Name       Mi       Date       Act t 3       Act t 3       Act t 4  | the examination meeting the requirements of 6.2.2 of QC1:2007 but did<br>not meet the experience requirements of 5.2.2 of AWS B5.1 may request<br>an upgrade to the CWI level once the experience requirements are met.<br>Visual Acuity Record not required for upgrade.  | VISA MC AMEX Diners Discover  |
| Ast Name       AWS Use Onix         First Name       Mil         First Name       Mil         Multica address       Mil         Act #   |  | Mo Yr Signature   |
| First NAME       MI         First NAME       MI         Auture ADDRESS       Date         ADRESS Covr'o       Anti \$         ADDRESS Covr'o       Anti \$         U.S. SOCIAL SECURITY NUMBER       DATE OF BIRTH mylog/yr         X X X X       X         MALLING ADDRESS       Anti \$         MALING ADDRESS       Anti \$         ADDRESS COLLINGS       Anti \$         Type of Burines;       Add Castification (Creat ONE only)         Constrait construction       Bord Burines;         Constrait construction       Bord Burines;         Constrait construction       Creat ONE only         Constrait construction       Creat ONE only         Constrait construction       Creat ONE only         Constrait constrution       Bore Constrait antis an   |  |   |
| Instance       Ivit         Malune appress       Act:t #  |  |   |
| Mailing AdDress       Amt 5         ADDRESS Cont'o       Amt 5         ADDRESS Cont'o       Address Cont'o         US_SOCIAL Securitry Number       Date of Birth Mar/so/yr         X X X X X       X X         Home Telephone Number       Work Telephone Number         Fe-MAll       Image: director, superintendent         Profe of Birth Mar/so/yr       X         ADRESS CONTO       Image: director, superintendent         Part Telephone Number       Image: director, superintendent         Profe of Birth Mar/so/yr       Image: director, superintendent         Check ONE only       Image: director, superintendent         Image: director, superintendent       Image: director, superin  | FIRST NAME MI  | Date  |
| ADDRESS Cont'D         CTY AND STATE       ZIP CODE         U.S. SOCIAL SECURITY NUMBER       DATE OF BIRTH wm/po/vr         X X X X X X       X         MOME TELEPHONE NUMBER       DATE OF BIRTH wm/po/vr         X X X X X X       X         POME TELEPHONE NUMBER       DATE OF BIRTH wm/po/vr         X X X X X X       X         PAIL       Image: Control of the second of the sec |  | Acc't #   |
| City AND State       Zip CODE         U.S. Social Security Number       DATE OF BIRTH Min/op/yr         X X X X       X         Home TelePhone NUMBER       WORK TELEPHONE NUMBER         Fax Telephone NUMBER       Fax Telephone NUMBER         Home TelePhone NUMBER       Work Telephone NUMBER         Fax Telephone NUMBER       Generation         Fax Telephone NUMBER       Work Telephone NUMBER         Fax Telephone NUMBER       Generation         Fax Telephone NUMBER       Generation         Fax Telephone NUMBER       Generation         Fax Telephone NUMBER       Generation         Generation       Generation         Generation       Generation         Generation       Generation         Generation       Generation         Fax Telephone Number       Generation         Generation       Generation         Gene   | MAILING ADDRESS  | Amt \$  |
| City AND State       Zip CODE         U.S. Social Security Number       DATE OF BIRTH Min/op/yr         X X X X       X         Home TelePhone NUMBER       WORK TELEPHONE NUMBER         Fax Telephone NUMBER       Fax Telephone NUMBER         Home TelePhone NUMBER       Work Telephone NUMBER         Fax Telephone NUMBER       Generation         Fax Telephone NUMBER       Work Telephone NUMBER         Fax Telephone NUMBER       Generation         Fax Telephone NUMBER       Generation         Fax Telephone NUMBER       Generation         Fax Telephone NUMBER       Generation         Generation       Generation         Generation       Generation         Generation       Generation         Generation       Generation         Fax Telephone Number       Generation         Generation       Generation         Gene   |  |   |
| U.S. SOCIAL SECURITY NUMBER       DATE OF BIRTH MM/Da/YY         X       X       X         HOME TELEPHONE NUMBER       WORK TELEPHONE NUMBER         FAX TELEPHONE NUMBER       FAX TELEPHONE NUMBER         HOME TELEPHONE NUMBER       WORK TELEPHONE NUMBER         FAX TELEPHONE NUMBER       WORK TELEPHONE NUMBER         FAX TELEPHONE NUMBER       WORK TELEPHONE NUMBER         FAX TELEPHONE NUMBER       WORK TELEPHONE NUMBER         FemAalt       Image: director state of the state                   |  |   |
| U.S. SOCIAL SECURITY NUMBER       DATE OF BIRTH MM/Da/YY         X       X       X         HOME TELEPHONE NUMBER       WORK TELEPHONE NUMBER         FAX TELEPHONE NUMBER       FAX TELEPHONE NUMBER         HOME TELEPHONE NUMBER       WORK TELEPHONE NUMBER         FAX TELEPHONE NUMBER       WORK TELEPHONE NUMBER         FAX TELEPHONE NUMBER       WORK TELEPHONE NUMBER         FAX TELEPHONE NUMBER       WORK TELEPHONE NUMBER         FemAalt       Image: director state of the state                   |  |   |
| X         |  |   |
| Home Telephone NUMBER       Work Telephone NUMBER       Fax Telephone NUMBER         E-MAIL   | U.S. SOCIAL SECURITY NUMBER DATE OF BIRTH MM/DD/YY   |   |
| E-MAIL         E-MAIL         Second construction       Job Classification<br>(Check ONE only)       Your Technical Interests<br>Place a number on line in choice order<br>(1.2-3, etc.)         A       Contract construction       Dob Classification<br>(Check ONE only)       Your Technical Interests<br>Place a number on line in choice order<br>(1.2-3, etc.)         B       Chemicals & allied products       D       Place a number on line in choice order<br>(1.2-3, etc.)         C       Petroleum & coal industries       D       Place a number on line in choice order<br>(1.2-3, etc.)         D       Primary metal industries       D       Sales       Petroleum & coal industries         E       Fabricated metal products       D       Sales       A       A -Ierrous metals         F       Machinery except elect. (incl. gas welding)       D       Engineer - welding       C       Non-ferrous except aluminum         G       Electrical equip automotive       B       Supervisor, foreman       F       Electrical equip automotive         J       Transportation equip automotive       B       Supervisor, foreman       F       Activity Processes         J       Interportation equip automotive       B       Supervisor, foreman       J       Thermal Spray         M       Welder, sequire services (incl. welding shops)       Tainsportatio   | x     x     x     x  |   |
| Job Classification       Your Technical Interests         Preve of Business       Job Classification       Place a number on line in choice order         AContract construction       0       Prevident, owner, partner, officer       Place a number on line in choice order         BChemicals & allied products       0       Petroleum & coal industries       1      Robotics         DPrimary metal industries       03       Sales       AFerrous metals       B         EFabricated metal products       04       Purchasing       B      Aluminum         F   | HOME TELEPHONE NUMBER WORK TELEPHONE NUMBER  | FAX TELEPHONE NUMBER  |
| Job Classification       Your Technical Interests         Preve of Business       Job Classification       Place a number on line in choice order         AContract construction       0       Prevident, owner, partner, officer       Place a number on line in choice order         BChemicals & allied products       0       Petroleum & coal industries       1      Robotics         DPrimary metal industries       03       Sales       AFerrous metals       B         EFabricated metal products       04       Purchasing       B      Aluminum         F   |  |   |
| Type of Business<br>(Check ONE only)Job Classification<br>(Check ONE only)Your Technical Interests<br>Place a number on line in choice order<br>(1-2-3, etc.)AContract construction01President, owner, partner, officer(1-2-3, etc.)BChemicals & allied products02Manager, director, superintendent<br>(or assistant)1  |  |   |
| Type of Business<br>(Check ONE only)Job Classification<br>(Check ONE only)Your Technical Interests<br>Place a number on line in choice order<br>(1-2-3, etc.)AContract construction01President, owner, partner, officer1  |  |   |
| W     Elct & Eltr Mac     22     Quality Control     T  | Type of Business<br>(Check ONE only)Job Classification<br>(Check ONE only)AContract construction01President, owner, paBChemicals & allied products02Manager, director, s<br>(or assistant)DPrimary metal industries03SalesEFabricated metal products04PurchasingFMachinery except elect. (incl. gas welding)05Engineer — weldingGElectrical equip. supplies, electrodes06Engineer — otherHTransportation equip air, aerospace07Inspector, testerITransportation equip boats, ships09Welder, welding or ofKTransportation equip railroad10Architect, designerLUtilities11ConsultantMWelding distributors & retail trade12MetallurgistNMisc. repair services (incl. welding shops)13Research & developOEducational services (incl. commercial labs)16StudentRGovernments (federal, state, local)17LibrarianSother20Engineer - DesignUMisc Steel Fab20Engineer - DesignVMisc Kell Fab21Engineer - ManufactWElct & Eltr Mac22Quality Control | Place a number on line in choice order         superintendent         1 |

### **REQUIREMENTS:** (PLEASE REFER TO AWS QC1, STANDARD FOR AWS CERTIFICATION OF WELDING INSPECTORS FOR FURTHER DETAILS)

- The period of validity for AWS SCWI and CWI certification is three (3) years. The SCWI/CWI shall be responsible for maintaining a current address with the AWS Certification Department. To be eligible for renewal, the CWI must:
  - Submit an approved renewal application to the AWS Certification Department by the expiration date of the current certification and no earlier than 6 months prior to the expiration date of that certification.
  - o AWS may send a renewal notice, but if not received, it remains the responsibility of the SCWI/CWI to renew on time.
  - The SCWI/CWI requesting renewal of certification shall attest to having no period of continuous inactivity greater than two years in activities described in AWS B5.1 and QC1 during the previous three years of certification.
    - SCWI/CWI not meeting the requirements of 15.4 from AWS QC1:2007 may renew by taking the CWI part B Practical exam and meet the scoring requirements of 6.2.2 of QC1:2007.
- SCWI/CWI certification renewals are limited to two consecutive three-year periods.

### (REPRODUCE THIS FORM AS NECESSARY TO RECORD THE CLAIMED EXPERIENCE.)

### QUALIFYING WORK EXPERIENCE – RESUMES NOT ACCEPTED

#### \*\* NOTE: PLEASE DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE QUALIFYING WORK EXPERIENCE REQUIREMENTS FOR SCWI/CWI ELIGIBILITY.

| Company Name   | Type of Business |                  | Company Pl       | none Number          |       |
|--|------------------|------------------|------------------|----------------------|-------|
| Company Street Address                               | City, St         | ate, Zip Cod     | e                |                      |       |
| Supervisor's Name                                    | Title of Im      | nediate Sup      | ervisor          |                      |       |
| Supervisor's Email Address                           |                  |                  | Department       |                      |       |
| Applicant's Job Title                                |                  | Employe<br>(Mo.) | d From:<br>(Yr.) | <b>To</b> :<br>(Mo.) | (Yr.) |
| Job Responsibilities- Detailed Description Required* |                  |                  |                  |                      |       |

### **TESTIMONIAL**

(Applicants must read and sign the following statement in front of a notary)

I hereby certify that I have read the standard requirements contained in AWS QC1, *Standard for AWS Certification of Welding Inspectors*. 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 only. I further understand that any required information that is incomplete or missing will cancel this registration.

| Applicant's Signature                     | Date:                     |                                 |
|---|---------------------------|---------------------------------|
| THE FOLLOWING IS TO BE COMPLETED BY A NOT | ARY PUBLIC                |                                 |
| Sworn to and subscribed before me this    | day of                    | 20                              |
| My commission expires                     | _ Notary Public Signature | (seal and/or stamp is REQUIRED) |



# **American Welding Society**

550 NW LeJeune Rd Miami, Fl 33126 (800) 443-9353 or (305) 443-9353, ext. 273

# **VISUAL ACUITY RECORD**

| If scheduled to take an AWS certification exam, site location: |  | Date |
|--|--|------|
| FIRST NAME :   | MEMBER # (if applicable)               | :    |
| LAST NAME :  | <b>Certification #</b> (if applicable) | :    |

### TO APPLICANTS:

This form must be submitted for all <u>Welding Inspector</u> and <u>Radiographic Interpreter</u> applications. Applicants for the <u>Certified</u> <u>Welding Educator</u> **only** are not required to complete this form.

Before submitting this form with your application to AWS, be sure to keep <u>a copy for your records</u>. If you're unable to supply a completed Visual Acuity Record with your application prior to submission deadline, you may forward this form to the Certification Department separately. Exam applicants may submit completed Visual Acuity Records on exam day. AWS will not release exam results and/or certification renewal without a completed Visual Acuity Record on file.

You must use the services of an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician's Assistant to administer your required eye examination. The examination must occur within the seven months prior to the scheduled date of the applicant's examination and/or certification expiration date.

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12 in. or greater (≥30.5 cm). All applicants shall take a color perception test. Eye examination results must be documented on this visual acuity form supplied by the AWS Certification Department. No other forms will be accepted.

AWS will not accept visual acuity test results that are incomplete or do not comply with regulations.

## THE FOLLOWING THREE SECTIONS ARE TO BE COMPLETED BY THE EYE EXAMINER

| 1. Please verify the customer's close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater (≥30.5 cm): (please check one of the following) |   |   |  |
|---|---|---|--|
|   | Both eyes require corrected vision to J2  | W |  |
|   | Only one eye needs corrected vision to J2 | W |  |
|   | No correction is required.                | 0 |  |

| 2. | Through a color perception examination, is the applicant colorblind? (please check one of the following) | AWS<br>use only |
|----|--|-----------------|
|    | No, customer is not colorblind   | С               |
|    | Yes, customer is colorblind.   | В               |

### 3. PLEASE PRINT CLEARLY

|                         |                                       |                | DATE OF EYE EXAMINATION    | :                              |
|-------------------------|---------------------------------------|----------------|----------------------------|--------------------------------|
| EXAMINER NAME:          |                                       |                | TELEPHONE NUMBER:          |                                |
| EXAMINER ADDRESS:       |                                       |                |                            |                                |
| Сіту:                   |                                       | ST/Province:   | ZIP:                       | COUNTRY:                       |
| EXAMINER PROFESSIONAL S | т <mark>атиз в</mark> у (please check | only one):     |                            |                                |
| Ophthalmologist         | Optometrist                           | Medical Doctor | Registered Nurse           | Certified Physician's Assistan |
| EXAMINER SIGNATURE:     |                                       | Sta            | TE/PROV. LICENSE NUMBER: _ |                                |



# AWS POLICIES AND FEES

# **IMPORTANT NOTICE!!**

# "NO SHOW" PENALTY

If a candidate fails to cancel or reschedule, all fees will be forfeited. A <u>Change of Site/Cancellation</u> form must be received via email or fax within two (2) weeks of your confirmed seminar/exam or exam start date. The candidate must call the Certification Department to confirm receipt (800)443-9353 ext 273.

# SEMINAR AND/OR EXAM CANCELLATION

The Certification Department must receive a <u>Change of Site/Cancellation</u> form via email or fax within two weeks of the confirmed seminar/exam or exam start date. A refund will be issued minus the cancellation fee. The fees are as follows:

| Seminar Only     | - \$550 |
|------------------|---------|
| Exam Only        | - \$140 |
| Seminar and Exam | - \$690 |

## PROCESSING FEE

A processing fee is included with all certification exam prices. If a candidate does not qualify to sit for the AWS certification exam, a refund will be issued less the **\$75 processing fee**.

## FAST TRACK

The Application Submission Deadline is six (6) weeks prior to the scheduled seminar/exam or exam date. Please refer to the seminar/exam schedule to confirm the submission deadline date. If an application is received after the six week deadline and no less than two (2) weeks prior to the seminar/exam or exam start date, AWS will process the application for the requested test site if space is available. A **\$250 Fast Track Fee** will be assessed for this service. Please do not make travel or hotel arrangements prior to receiving a confirmation letter for the seminar/exam or exam.

## SEMINAR/EXAM OR EXAM RESCHEDULING

The Certification Department must receive a <u>Change of Site/Cancellation</u> form via email or fax within 2 weeks of the confirmed seminar/exam or exam date. If not received, the "No Show" penalty will apply. Only two (2) rescheduling requests are permitted per calendar year. An additional rescheduling fee will be charged and must be paid in full prior to your rescheduling request being processed. The rescheduling fees are as follows:

| Seminar Only     | - \$350 |
|------------------|---------|
| Exam Only        | - \$140 |
| Seminar and Exam | - \$490 |

## **RESCHEDULE/CANCELLATION REQUESTS**

Reschedule/Cancellation requests <u>WILL NOT</u> be accepted the week of your scheduled seminar/exam or exam date. No transfers or cancellations will be accepted after the above transfer deadline. Failure to show up ("No Shows") for your scheduled seminar/exam or exam will result in forfeiture of the fees.

ALL FEES ARE NONTRANSFERABLE. FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE. AWS RESERVES THE RIGHT TO CANCEL ANY SEMINAR AND/OR EXAM IF THERE ARE AN INSUFFICIENT NUMBER OF PARTICIPANTS. IN THE EVENT OF CANCELLATION BY AWS, ALL SEMINAR/EXAM FEES WILL BE REFUNDED IN FULL, OR THE PARTICIPANT MAY TRANSFER TO THE NEXT AVAILABLE SEMINAR AND/EXAM OR EXAM. IN EITHER CASE, AWS SHALL HAVE NO FURTHER LIABILITY.

In accordance with the Americans with Disabilities Act (ADA), AWS strives to accommodate all participants with special needs. If you require assistance, please inform the AWS Certification Department, (800) 443-9353, ext. 273, well in advance of the date of the exam.

This form must be signed by the applicant and returned with your completed exam application in order to receive confirmation for the exam. Please retain a copy for your records.

Applicant's Signature