



American Welding Society®

8669 NW 36 St., #130 Miami, FL 33166-6672
(800) 443-9353 or (305) 443-9353, ext. 273

Certified Radiographic Interpreter Exam Application

Faxed or emailed applications are **NOT** accepted

Last Name										First Name										MI

AWS CERTIFICATION STATUS

AWS MEMBER NO. _____

Are you a current AWS Certified Welding Inspector (CWI)? Yes No If Yes, give certification number: _____

All applicants are required to submit documentation to meet Education, Training, and Experience requirements. CWIs please note substitution options for the required experience in Section IV.

AWS Seminar/Exam Schedule - Please visit our website <http://www.aws.org/certification/seminarexam/>

PLEASE INDICATE THE FOLLOWING: SEMINAR AND EXAM EXAM ONLY SEMINAR ONLY

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

NOTE: AWS strongly recommends the applicant indicate an alternate second and third site location. If the first choice is not available, registration will indicate the next available choice site. Please **do not** make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department via email. * Please refer to AWS Policies and Fees.

Exam Fees - Please visit our website <http://www.aws.org/certification/pricelist/>

METHOD OF PAYMENT- ALL CHECKS AND MONEY ORDERS SHOULD BE MADE PAYABLE TO AWS.	AWS USE ONLY
<u>PAYMENT MUST ACCOMPANY YOUR APPLICATION</u>	
<input type="checkbox"/> Check or money order # _____	Acct #: _____
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Diners <input type="checkbox"/> Discover	Date: _____
CC#: _____ / _____ / _____ / _____ Exp: _____ / _____	Amt \$: _____ CRI
SIGNATURE _____	

Name _____

AWS Membership # _____

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

Sign me up to receive text alerts regarding my certification status.

Sign me up to receive text information regarding other AWS products and special promotions.

*Normal text messaging rates & fees apply as determined by your cellular provider.

DATE OF BIRTH MM/DD/YY

U.S. SOCIAL SECURITY NUMBER

Grid for date of birth input

Grid for U.S. social security number input

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

Grid for e-mail address input

Associations

Type of Business (check only ONE)

- A Contract construction
B Chemicals & allied products
C Petroleum & coal industries
D Primary metal industries
E Fabricated metal products
F Machinery except elect. (incl. gas welding)
G Electrical equip., supplies, electrodes
H Transportation equip. - air, aerospace
I Transportation equip. - automotive
J Transportation equip. - boats, ships
K Transportation equip. - railroad
L Utilities
M Welding distributors & retail trade
N Misc. repair services (incl. welding shops)
O Educational Services (univ., libraries, schools)
P Engineering & architectural services (incl. assns.)
Q Misc. business services (incl. commercial labs)
R Government (federal, state, local)
S Other

Job Classification (check only ONE)

- 01 President, owner, partner, officer
02 Manager, director, superintendent (or assistant)
03 Sales
04 Purchasing
05 Engineer - welding
06 Engineer - other
07 Inspector, tester
08 Supervisor, foreman
09 Welder, welding or cutting operator
10 Architect, designer
11 Consultant
12 Metallurgist
13 Research & development
14 Technician
15 Educator
16 Student
17 Librarian
18 Customer service
19 Other
20 Engineer - design
21 Engineer - manufacturing
22 Quality Control

Technical Interests (check ALL that apply)

- Ferrous metals
Aluminum
Non-ferrous except aluminum
Advanced materials/intermetallics
Ceramics
High energy Processes
Arc Welding
Brazing & Soldering
Resistance Welding
Thermal Spray
Cutting
NDT
Safety & Health
Pipe & Tubing
Pressure Vessels & Tanks
Structures
Roll Forming
Sheet metal
Stamping & punching
Bending & shearing
Aerospace
Automotive
Machinery
Marine
Other
Automation
Robotics
Computerization of Welding

Name _____

AWS Membership # _____

EDUCATION, TRAINING, AND EXPERIENCE RECORDS

I. EDUCATION RECORDS

Applicants shall have at least a valid High School Diploma or General Equivalency Diploma (GED)

You must attach documentation for your highest level of education achievement. Copies of diplomas or transcripts are acceptable. All documentation must be in English or accompanied by an English translation.

Highest Level of Educational
Achievement

Institution where your highest level of education
was obtained as it relates to your AWS RI certification

High School or GED

Institution _____

2-or more years of College

Address _____

2-year Technical/College Degree

4-year College Degree

Major Course of Study _____

Graduate Degree

Degree _____

II. TRAINING RECORDS

Applicants shall have a minimum of 40 hours organized training in radiographic interpretation covering the body of knowledge described in Section 9 of AWS B5.15.

You must attach documentation of the minimum amount of training required. Acceptable documentation includes copies of training certificates, letters of completion, or company training records. A signed statement attesting to completion of training from a company executive, an individual responsible for training, an AWS Senior Certified Welding Inspector (SCWI) an ASNT Level III, or an ACCP Professional Level III. Documentation of training not sponsored or pre-approved by AWS must include a course syllabus. All documentation must be in English or accompanied by an English translation.

Note. This application will be processed only if the candidate is scheduled to attend AWS approved RI training prior to the examination date or has submitted acceptable training documentation.

Describe Documentation Attached _____

Date AWS RI Training Scheduled _____ Location _____

Name _____

AWS Membership # _____

III. EXPERIENCE RECORDS

Applicants shall have a minimum of twelve (12) months experience or alternative credit for experience (6 months maximum) in radiographic interpretation.

Radiographic interpretation experience must be as an employer or centrally (nationally) radiographic interpreter or otherwise under the direct supervision of such individuals. Experience gained working on projects involving the major welding codes (D1.1, ASME, API, etc.) would generally require direct supervision by such properly certified individuals and therefore may be used.

Please indicate your experience below and have it verified by someone knowledgeable in your activities.

Duplicate this section as needed to provide additional information for each one of your employers in order to meet the months of experience claimed.

Please fill in the following records to indicate your most recent work experience(s). Experience in excess of the requirements does not have to be indicated. If you are self-employed, your client may sign the records.

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

A. EMPLOYER (PLEASE PRINT OR TYPE)

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor/Employer Contact: _____

Telephone: _____

Fax Number: _____

E-mail Address: _____

For this company, I performed radiographic interpretation of welds on the below projects:

B.		From	Mo.	Yr.	To	Mo.	Yr.
Project Name	_____						
List applicable codes (ASME, API AWS)	_____						

I verify that _____, is employed by this company and was involved in radiographic interpretation related activities during the employment period(s) indicated on this application.
Print or type name of applicant

My name is _____ My job title is _____

Signature _____ Date _____

Total months of RI experience claimed _____

Note: There must be twelve (12) months of actual RI experience documented. If not, you have the opportunity to provide alternative credit for experience gained by completing the following section IV.

IV. ALTERNATIVE CREDIT FOR EXPERIENCE

(Only complete this section if the required twelve (12) months of actual RI experience was not met in section III. You may substitute education, NDE experience, or teaching for RI experience. AWS CWIs can receive six (6) months of experience credit.)

IV.A EDUCATION AS EXPERIENCE SUBSTITUTION

Every month for a maximum of six (6) months of post high school NDE or weld inspection education may be substituted for an equal number of months of radiographic interpretation experience.

You must attach documentation of post high school NDE or weld inspection education. Acceptable documentation includes copies of diplomas, transcripts, training certificates, letters of completion, or company training records. Also acceptable are signed statements attesting to completion of training from a company executive, an individual responsible for training, an AWS Senior Certified Welding Inspector (SCWI) an ASNT Level III, or an ACCP Professional Level III. Documentation of training not sponsored or approved by AWS must include a course syllabus. All documentation must be in English or accompanied by an English translation.

Describe Documentation Attached _____

Total Number of Months Education _____ (A)
Not to exceed six (6) months

IV.B OTHER WELDING INSPECTION METHODS EXPERIENCE SUBSTITUTION

Every four (4) months of experience as an employer certified or centrally (nationally) certified weld inspector using NDE methods other than radiography may be substituted for one (1) month RI experience for a total not to exceed six (6) months. *e.g., twenty-four (24) months experience as an AWS CWI, ACCP PT, ACCP UT, etc., may be substituted for six (6) months experience as an RI*

If you are not an AWS CWI, then you must attach documentation of your certifications in other weld inspection methods. Acceptable documentation includes copies of employer NDE certifications, ACCP certifications, etc. All documentation must be in English or accompanied by an English translation.

Automatic Experience Credit as an AWS CWI (if applicable) _____ 6 _____ (B)

Number of Months NDE Experience Other Than CWI _____ Credit: (÷ 4 =) _____ (C)
Not to exceed six (6) months

Describe Documentation Attached _____

Total Number of Months Experience in Other Welding Inspection Methods _____ Credit: (B + C) _____

IV.C NDE TEACHING EXPERIENCE SUBSTITUTION

Every four (4) months of NDE weld inspection teaching experience may be substituted for one (1) month RI experience for a total not to exceed six (6) months.

You must attach a signed statement from the organization employing your services as a teacher. The statement must include a description of the subject matter taught.

Describe Documentation Attached _____

Total Number of Months Teaching _____ Credit: (÷ 4 =) _____ (D)
Not to exceed six (6) months

V. TOTAL EXPERIENCE WORKSHEET:

Actual RI experience (from section III)	_____
Credit for education received (from section IV.A)	_____
Credit for CWI and NDE experience (from section IV.B)	_____
Credit for NDE Teaching (from section IV.C)	_____
Total experience	_____

Name _____

AWS Membership # _____

VISUAL ACUITY

All applicants must submit evidence of visual acuity as noted on a completed AWS Visual Acuity Form that must be attached to this application dated no more than seven (7) months prior to the date of the certification examinations. To download a copy of the form, please visit our website <http://www.aws.org/certification/docs/VisualAcuityRecord.pdf>.

IMPORTANT: This form must be completed and received in the AWS Certification Department not later than 30 days after the applicant's completed examination date. Applicants who have not fulfilled all requirements within 30 days after the examination date shall have all records, scores and applications voided and may be in jeopardy of forfeiting application fees.

PHOTOGRAPHIC IDENTIFICATION

Applicants MUST submit one (1) passport-style color photograph in the size of 2X2 with this application. Please print your name and membership number (if applicable) on the reverse of the photograph. "The acceptance of your photo is always at the discretion of AWS." <http://www.aws.org/w/a/certification/photoidreqs.html>

NOTARIZATION

All applicants must complete this section.

I hereby certify that I have read the requirements contained in the AWS B5.15:2003, *Specification for the Qualification of Radiographic Interpreters*. Further, I agree to comply with the existing requirements and any subsequent requirements, which may be instituted by AWS. I certify that the information I have included on this application is true; I understand that any false statement will nullify this application; I give permission to AWS to verify this information.

AWS Policies and Fees - Please visit our website <http://www.aws.org/certification/policiesfees/>

Signature: _____ Date: _____

Sworn to and subscribed before, this _____ day of _____ of year _____

My commission expires _____ Notary Public _____

Signature _____