

Dear Student,

Here are a few notes to help you fill out your AWS/CWI Exam Application:

Please write your full name and AWS number, if applicable at the top of each page.

#### Page 1-

**Box 1:** Leave the site code blank, the site code changes with each exam date; we will give you that information.

**Box 2:** Check box IV.  CWI Examination Only and Check box  API-1104 - Pipelines

**Box 3:** your preferred payment method for the exam must be included with application by the AWS application deadline. If paying with a card, include exp. date and CVV # (3 or 4 digit number on back of the card) along with signature.

Please note:

Many bank cards have a single transaction limit or daily limit, and your exam fee might exceed that set amount. It is best to notify your bank and alert them that a charge from AWS will occur within a few weeks of exam submittal.

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**Box 4:** Enter your mailing address. Include your phone numbers, date of birth and last 4 digits of your Social Security number. Clearly enter your email address – this is how your exam confirmation letter will be sent to you.

**Box 5 Associations:** First column, select the type of business you are in. Second column, select what type of work you do. Third column, please indicate some of your interests. (choose 3)

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**Box 6:** Check the appropriate box for your education level. (If using education to substitute for years of work experience, you must include a copy of transcripts for engineering, engineering technology, physical science or vocational courses).

**Box 7:** This is where you list your current or most recent qualifying work history. Enter a detailed description of the work you perform. Your job duties **MUST** be listed in 2 to 3 sentences, as they relate to welding. Further detail of experience requirements are provided in the AWS B5.1-2013 Spec for Qualification of Welding Inspectors.

**Box 8:** Your current or most recent employer (supervisor or personnel manager) **MUST sign** and fill out this portion to match box 7 and verify your employment. If you are not employed at this time, a previous employer may sign it. If the company is no longer in business, a W-2 may serve. If self-employed, there are additional requirements. Please ask us if you need clarification.

You must span 5 years of welding related experience if you are a high school graduate or have your GED, and more extensive experience if you do not. The last page labeled Additional Qualifying Work Experience can be added to your application to document work history to be applied to your required time. This additional work experience must be documented but does not require a supervisor's signature.

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**Box 9:** Visual Acuity Form – we will perform the eye exams for you during the last week in class and submit on your behalf to AWS.

**Box 10:** If you are requesting accommodations due to disability, check the box indicated.

**Box 11:** Photo Requirement – AWS requires a passport style color photograph to use on your certification card. We will do that for you on your first day of class and submit the photo to AWS on your behalf along with the eye exam.

**Box 12:** Terms and conditions – Check the box indicating that you have read the requirements and sign and date.

*If you have any questions or difficulty completing your application, please let us know and we'll be happy to help you. Attached is a sample application for your reference.*



# American Welding Society

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

## INITIAL CAWI/CWI EXAM APPLICATION

Faxed or emailed applications are NOT accepted

**Application must be completed and signed by the person taking the exam**

Last Name (Must match current Government Issue ID)										First Name (Must match current Government Issue ID)										MI
Sprat										Jack										

**1. Indicate the exam location of your choice:** Confirmation will be emailed in 3-4 weeks from receipt.

1<sup>st</sup> Site Code: TX----- Exam Date: X-XX-2018 City/State: Portland, Tx \*Submission Deadline: X-XX-2018

2<sup>nd</sup> Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ \*Submission Deadline: \_\_\_\_\_

3<sup>rd</sup> Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ \*Submission Deadline: \_\_\_\_\_

**NOTE:** If the first choice is not available, registration will indicate the next available choice site. DO NOT make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department via email. \* Refer to [AWS Policies and Fees](#) and [Seminar and Exam Schedule](#)

**2. Choose one of the package options below, or select "CWI Examination Only"**

<p><b>I. <input type="checkbox"/> D1.1 SEMINAR AND EXAM PACKAGE</b> (code book included)</p> <ol style="list-style-type: none"> <li>D1.1 Code Clinic – Structural Steel</li> <li>Welding Inspection Technology Workshop</li> <li>Visual Inspection Workshop</li> <li>Certification Exam – D1.1 Structural Steel (Part C)</li> </ol> <p><input type="checkbox"/> Add CWI Pre-Seminar to package (online course only)</p>	<p><b>III. <input type="checkbox"/> SEMINAR AND EXAM PACKAGE for OTHER CODES</b> (no code clinic included)</p> <ol style="list-style-type: none"> <li>Welding Inspection Technology Workshop</li> <li>Visual Inspection Workshop</li> <li>Certification Exam (code indicated below)</li> </ol> <p><input type="checkbox"/> Add CWI Pre-seminar to package (online course only)</p> <p>Choose Code for Package Above:</p> <p><input type="checkbox"/> AWS D1.2 – Structural Aluminum Code</p> <p><input type="checkbox"/> AWS D1.5 – Bridge Welding Code</p> <p><input type="checkbox"/> AWS D15.1 – Railroad</p> <p><input type="checkbox"/> AWS D17.1 – Aerospace</p> <p><input type="checkbox"/> ASME Sections VIII (Div 1) &amp; IX</p> <p><input type="checkbox"/> ASME Section IX, B31.1 and B31.3 *</p>
<p><b>II. <input type="checkbox"/> API 1104 SEMINAR AND EXAM PACKAGE</b> (code book <u>not</u> provided)</p> <ol style="list-style-type: none"> <li>API 1104 Code Clinic - Pipelines</li> <li>Welding Inspection Technology Workshop</li> <li>Visual Inspection Workshop</li> <li>Certification Exam – D1.1 Structural Steel (Part C)</li> </ol> <p><input type="checkbox"/> add CWI Pre-Seminar to package (online course only)</p>	

**IV.  CWI EXAMINATION ONLY**

AWS D1.1 – Structural Steel Code     API-1104 – Pipelines     AWS D1.2 – Structural Aluminum Code\*

AWS D1.5 – Bridge Welding Code\*     AWS D15.1 – Railroad\*     AWS D17.1 – Aerospace\*

ASME Sections VIII (Div 1) & IX\*     ASME Section IX, B31.1 and B31.3\*

*\*Code clinic not available*

For code book editions and other exam information [CWI Body of Knowledge](#)

<b>3. Method of Payment</b>	For Exam Fees <a href="#">Certification Price List</a>	<b>AWS USE ONLY</b>
Payment must accompany this application All checks and money orders made payable to AWS <input checked="" type="checkbox"/> Check or money order # <u>1234</u> <i>or</i> <input type="checkbox"/> VISA <input checked="" type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover CC#: <u>xx x</u> / <u>xx x</u> / <u>xx</u> / <u>xxxx</u> Exp: <u>07/21</u> / SIGNATURE: <u>Jack Sprat</u> CVV: <u>123</u>		Acct #: _____  Date: _____  Amt\$: _____ CWI

**4. Personal Information**

Address  
 1 2 3 Main St.

Address (cont'd) Apt #

City and State / Province / Country Zip Code  
 Austin TX USA 78555

Home Telephone Number Work Telephone Number Mobile Telephone Number  
 361 867 5309 1 2 3 4 5 6 7 8 9 0

Date of Birth (example November 30 1952) U.S. Social Security Number (last 4 only)  
 April 01 1965 x x x x x x 2 3 4 5

E-Mail Address (confirmation notification will be sent to this address)  
 JACKSPRAT@EMAIL.COM

**5. Associations**

TYPE OF BUSINESS (CHECK ONLY ONE)	Job Classification (check only ONE)	Technical Interests (check ALL that apply)
A <input type="checkbox"/> Contract Construction B <input type="checkbox"/> Chemicals & Allied products C <input type="checkbox"/> Petroleum & Coal Industries D <input type="checkbox"/> Primary Metal Industries E <input checked="" type="checkbox"/> Fabricated Metal Products F <input type="checkbox"/> Machinery Except Elect. (incl. Gas Welding) G <input type="checkbox"/> Electrical Equip., Supplies, Electrodes H <input type="checkbox"/> Transportation Equip. - Air, Aerospace I <input type="checkbox"/> Transportation Equip. - Automotive J <input type="checkbox"/> Transportation Equip. - Boats, Ships K <input type="checkbox"/> Transportation Equip. - Railroad L <input type="checkbox"/> Utilities M <input type="checkbox"/> Welding Distributors & Retail Trade N <input type="checkbox"/> Misc. Repair Services (incl. welding Shops) O <input type="checkbox"/> Educational Services (Univ, Libraries, Schools) P <input type="checkbox"/> Engineering & Architectural Serv. (Incl. Ass.) Q <input type="checkbox"/> Misc. Business Services (Incl. Comm. Labs) R <input type="checkbox"/> Government (Federal, State, Local) S <input type="checkbox"/> Other	01 <input type="checkbox"/> President, owner, partner, officer 02 <input type="checkbox"/> Manager, Director, Superint. (or assistant) 03 <input type="checkbox"/> Sales 04 <input type="checkbox"/> Purchasing 05 <input type="checkbox"/> Engineer — welding 06 <input type="checkbox"/> Engineer — other 07 <input type="checkbox"/> Inspector, tester 08 <input type="checkbox"/> Supervisor, foreman 09 <input checked="" type="checkbox"/> Welder, welding or cutting operator 10 <input type="checkbox"/> Architect, designer 11 <input type="checkbox"/> Consultant 12 <input type="checkbox"/> Metallurgist 13 <input type="checkbox"/> Research & development 14 <input type="checkbox"/> Technician 15 <input type="checkbox"/> Educator 16 <input type="checkbox"/> Student 17 <input type="checkbox"/> Librarian 18 <input type="checkbox"/> Customer service 19 <input type="checkbox"/> Other 20 <input type="checkbox"/> Engineer - design 21 <input type="checkbox"/> Engineer - manufacturing 22 <input type="checkbox"/> Quality Control	<input type="checkbox"/> Robotics <input type="checkbox"/> Computerization of Welding <input checked="" type="checkbox"/> Ferrous Metals <input type="checkbox"/> Aluminum <input type="checkbox"/> Nonferrous Metals Except Aluminum <input type="checkbox"/> Advance Materials/Intermetallics <input type="checkbox"/> Ceramics <input type="checkbox"/> High Energy Beam Process <input type="checkbox"/> Arc Welding <input type="checkbox"/> Brazing & Soldering <input type="checkbox"/> Resistance Welding <input type="checkbox"/> Thermal Spray <input checked="" type="checkbox"/> Cutting <input type="checkbox"/> NDT <input type="checkbox"/> Safety & Health <input type="checkbox"/> Bending & Shearing <input type="checkbox"/> Roll Forming <input type="checkbox"/> Stamping & Punching <input type="checkbox"/> Aerospace <input type="checkbox"/> Machinery <input type="checkbox"/> Marine <input type="checkbox"/> Piping & Tubing <input type="checkbox"/> Pressure Vessels & Tanks <input checked="" type="checkbox"/> Sheet Metal <input type="checkbox"/> Structures <input type="checkbox"/> Other <input type="checkbox"/> Automation <input type="checkbox"/> Computerization of Welding

**6. Qualifying Education and Experience Requirements**

Check the box indicating your highest level of education. If using education for work experience, you must include a copy of transcripts for engineering, engineering technology, physical science or vocational education courses.

Minimum Education Level	Minimum Work History	
	CAWI	CWI
<input type="checkbox"/> Completed less than 8 <sup>th</sup> grade	6 years	12 years
<input type="checkbox"/> Completed 8 <sup>th</sup> grade (You can combine 1 yr. Vo-Tech + 3 yrs. Work Experience to meet the min. requirements for CAWI)	4 years	9 years
<input checked="" type="checkbox"/> High Diploma or GED	2 Years	5 years
<input type="checkbox"/> High school diploma plus one-year engineering/technical school courses or one or more years of vocational education and training in a welding curriculum.	1 Year	4 years
<input type="checkbox"/> High school diploma plus two or more years engineering/technical school courses.	6 Months	3 years
<input type="checkbox"/> Associate or higher degree in engineering technology, engineering, or a physical science.	6 Months	2 years
<input type="checkbox"/> Bachelor or higher degree in welding engineering or welding technology	6 Months	1 year

**7. Qualifying Work Experience:** Resumes not accepted. This section *must* be completed.

DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER

Company Name <u>Superfab</u>	Type of Business <u>Fabrication</u>	Company Phone Number <u>123-654-0987</u>																				
Company Street Address <u>987 1st Ave.</u>		City, Province, Country, Postal Code <u>Austin, TX 55510</u>																				
Supervisor's Name <u>Joe Schmoie</u>	Title of Immediate Supervisor <u>Foreman</u>																					
Supervisor's Email Address <u>joe.schmoie@superfab.com</u>		Department <u>Shop</u>																				
Applicant's Job Title <u>Welder</u>	<table border="1"> <thead> <tr> <th colspan="4">Dates of Employment</th> </tr> <tr> <th>From</th> <th></th> <th>To</th> <th></th> </tr> <tr> <td>(Mo.)</td> <td><u>2</u></td> <td>(Yr.)</td> <td><u>2015</u></td> </tr> <tr> <td></td> <td></td> <td>(Mo.)</td> <td><u>Present</u></td> </tr> <tr> <td></td> <td></td> <td>(Yr.)</td> <td></td> </tr> </thead> </table>		Dates of Employment				From		To		(Mo.)	<u>2</u>	(Yr.)	<u>2015</u>			(Mo.)	<u>Present</u>			(Yr.)	
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(Mo.)	<u>2</u>	(Yr.)	<u>2015</u>																			
		(Mo.)	<u>Present</u>																			
		(Yr.)																				
Job Responsibilities <i>Detailed Description Required</i> <u>welding of fabricating pieces for an oilfield shop. Responsible for fitting &amp; welding projects to job specifications.</u>																						

**8. Employment Verification**

- 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: Superfab Company Phone: (123) 654-0987

Company Address: 987 1st Ave.

City, State: Austin, Tx Zip Code: 55510 Country: USA

I Joe Schmoie, verify that Jack Sprat maintained employment at  
Supervisor/Personnel Manager's Name Employee's Name (print)

Superfab from 02/2015 to Present  
Company Name Date mm/yyyy Date mm/yyyy or Present

Signature: Joe Schmoie Date: 09/17/2017  
Supervisor/Personnel Manager's Name Month/Day/Year

**9. Visual Acuity Form**

A current Visual Acuity Form must be completed and submitted with this application. [Click here](#) for a copy of the form.

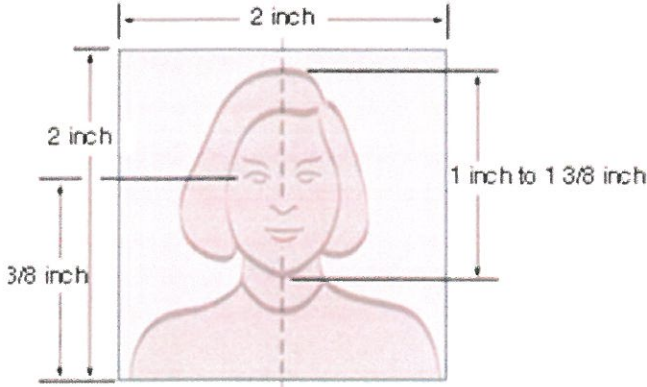
**10. American with Disabilities Act Accommodations**

By checking this box, I am requesting special accommodations due to a disability. AWS is committed to complying fully with the ADA. [Click here](#) for a copy of the accommodations request package.  
Will you be using a glucose meter during your exam? Yes  No

**11. 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.

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



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

**DO NOT STAPLE OR PAPER CLIP PHOTO**

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

**Certified Welding Inspector**

[QC1 Standard for the AWS Certification of Welding Inspectors](#)  
[B5.1 Specification for the Qualification of Welding Inspectors](#)

I hereby certify that I have read the standard requirements contained in the certification programs indicated above. 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.

**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 Exam Security Agreement and General Terms of Use (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.**

Applicant's Signature Jack Sprat

Date 9/20/2017

Name: Jack Sprat Account #: \_\_\_\_\_

## Additional Qualifying Work Experience

Company Name <u>T &amp; T Construction Co.</u>	Type of Business <u>Oilfield</u>	Company Phone Number <u>(956) 237-9514</u>
Company Street Address <u>9564 CR. 3718</u>		City, State, Zip Code <u>Cotulla, Tx 75643</u>
Supervisor's Name <u>Tray Smith</u>	Title of Immediate Supervisor <u>Lead</u>	
Supervisor's Email Address <u>TSmith@TTCO.net</u>		Department <u>Fab Shop</u>
Applicant's Job Title <u>Fitter / welder</u>	Employed From: (Mo.) <u>2</u> (Yr.) <u>2010</u>	To: (Mo.) <u>12</u> (Yr.) <u>2014</u>
Job Responsibilities- Detailed Description Required* <u>Fitter and tacker in fab shop. Followed skid projects, reviewed material orders and welded out.</u>		

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

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