



# American Welding Society

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

## CERTIFIED WELDING INSPECTOR EXAM APPLICATION

<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>MI</b>	

I am applying for:  CAWI Only  CWI Only

**1. PLEASE INDICATE THE EXAM LOCATION OF YOUR CHOICE:**  
*PLEASE ALLOW 3-4 WEEKS PROCESS TIME. CONFIRMATION LETTERS WILL BE EMAILED UNLESS EMAIL ADDRESS IS NOT INDICATED IN SECTION 6.*

1<sup>st</sup> Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ \*Submission Deadline: \_\_\_\_\_  
 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:** AWS strongly recommends the applicant selects a second and third site location alternative. If the first choice is not available, the next available location will be selected. Please **do not** make any hotel or flight arrangements until you have received your exam confirmation letter from the Certification Department.

**2. PLEASE CHECK AND COMPLETE THE FOLLOWING:**

Your AWS Member # (if applicable): \_\_\_\_\_

Check here if taking a non AWS seminar prior to the exam.  
 Name of Agency: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Date: \_\_\_\_\_

Are you employed by an AWS SENSE program participating organization (must provide copy of certificate)?  No  Yes

If yes, the Facility ID #: \_\_\_\_\_  
 S.E.N.S.E. CWI and CWE Combo Examination Only  
 Member Price: **\$470** Non-Member Price: **\$685**

**4. PLEASE INDICATE THE FOLLOWING AWS SEMINAR OF YOUR CHOICE OR CHOOSE "EXAMINATION ONLY" BELOW:**

**D1.1 SEMINAR WEEK PAK** \*ADDITIONAL \$140 FOR CWI/CWE COMBO (codebook included)  
 1. D1.1 Code Clinic (Sun, 1 PM – 5 PM & Mon, 8 AM - 12 Noon)  
 2. Welding Inspection Technology Workshop (Tues – Thurs, 8 AM – 5 PM)  
 3. Visual Inspection Workshop (Fri, 8 AM – 5 PM)  
 4. Certification Exam (Sat, 8 AM – 5 PM)  
 Member Price: **\$2080** Non-Member Price: **\$2295**

**API 1104 SEMINAR WEEK PAK** \*ADDITIONAL \$140 FOR CWI/CWE COMBO (codebook not included)  
 1. API 1104 Code Clinic (Mon. 1 PM – 5 PM)  
 2. Welding Inspection Technology Workshop (Tues – Thurs, 8 AM – 5 PM)  
 3. Visual Inspection Workshop (Fri, 8 AM – 5 PM)  
 4. Certification Exam (Sat, 8 AM – 5 PM)  
 Member Price: **\$1855** Non-Member Price: **\$2070**

**FOR INDIVIDUAL CODE CLINICS/WORKSHOPS:**

D1.1 Code Clinic (code book not supplied): **Member \$375/Non-Member \$590**  
 API-1104 Code Clinic (code book not supplied): **Member \$335/Non-Member \$550**  
 Welding Inspection Technology Workshop: **Member \$440/Non-Member \$655**  
 Visual Inspection Workshop: **Member \$515/Non-Member \$730**

**EXAMINATION ONLY** \*ADDITIONAL \$60 FOR CWI/CWE COMBO  
 Member Price: **\$825** Non-Member Price: **\$1040**

**3. PLEASE SELECT ONE OF THE FOLLOWING FOR YOUR CODE APPLICATION TEST SUBJECT:**

**AWS D1.1 – Structural Steel Code: 2010 edition only**

**API-1104 – Pipelines 20<sup>th</sup> edition with 2007 errata/addenda**  
 \* Applicant **must** provide own codebook for the exam.

**AWS D1.2 – Structural Aluminum Code: 2003 or 2008 edition**  
 \*Code Clinic not available. Applicant **must** provide own codebook for the exam.

**AWS D1.5 – Bridge Welding Code: 2008 edition**  
 \*Code Clinic not available. Applicant **must** provide own codebook for the exam.

**AWS D15.1 – Railroad: 2007 edition**  
 \*Code Clinic not available. Applicant **must** provide own codebook for the exam.

**ASME Sections VIII (Div 1) & IX, (both 2007 editions with 2008 addenda)**  
 \*Code Clinic not available. Applicant **must** provide own codebook for the exam.

**ASME Section IX, B31.1 (both 2007 editions), and B31.3 (2006 edition)**  
 \*Code Clinic not available. Applicant **must** provide own codebook for the exam.

<b>5. METHOD OF PAYMENT- ALL CHECKS AND MONEY ORDERS SHOULD BE MADE PAYABLE TO AWS.</b>	<b>AWS USE ONLY</b>
<b><u>PAYMENT MUST ACCOMPANY YOUR APPLICATION</u></b>	
<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: _____ / _____	
SIGNATURE _____	Amt \$: _____



LAST NAME:	FIRST NAME:
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**8. EDUCATION LEVEL**

PLEASE CHECK THE APPROPRIATE BOX BELOW :	
<input type="checkbox"/> <b>High school graduate or achieved GED certificate.</b>	CWI and CWE applicants must document five (5) years and CAWI applicants must document two (2) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/> <b>Did not graduate high school, but completed the 8<sup>th</sup> grade.</b>	CWI applicants must document nine (9) years and CAWI applicants must document four (4) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/> <b>Did not complete the 8<sup>th</sup> grade.</b>	CWI applicants must document twelve (12) years and CAWI applicants must document six (6) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>

**Note to CWE applicants:** Applicants applying for the CWE examination must be a high school graduate or achieved a GED certificate along with the five years of work experience. You shall also complete the CWE Welding Instructor Credentials Form or submit a written verification letter signed by your teaching supervisor/personnel manager. In addition, a copy of a *valid* Certified Welder ID/Certification card or test record of passing a valid Certified Welder test for the welding process to be taught. For further information regarding the CWE program, please refer to the QC5-91.

**9. ADDITIONAL EDUCATION AND EXPERIENCE:** *A maximum of two (2) years of post high school education may be substituted for an equal number of years of work experience according to 5.5 of AWS B5.1*

<input type="checkbox"/> VoTech credits - <b>MUST</b> attach transcripts of welding related courses or diploma	Circle no. of years attended 0   1   2   3   4	<b>Maximum one (1) year</b> work substitution credit <i>only</i> if courses <i>completed</i> and <i>within</i> a curriculum related to welding.
<input type="checkbox"/> College credits - <b>MUST</b> attach transcripts of engineering-level courses or diploma	Circle no. of years attended 0   1   2   3   4	<b>Maximum two (2) years</b> work substitution credit <i>only</i> if the degree is in engineering technology, engineering, or physical science

**10. QUALIFYING WORK EXPERIENCE: RESUMES NOT ACCEPTED. THIS SECTION MUST BE COMPLETED.**

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

\_\_\_\_\_  
*(Initials)* I understand that all work experience documented on this application may be verified with both past and present employers.

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*		

<b>LAST NAME:</b>	<b>FIRST NAME:</b>
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**11. EMPLOYMENT VERIFICATION**

\*\* NOTE: THIS SECTION **MUST** TO BE COMPLETED BY A SUPERVISOR OR PERSONNEL MANAGER FROM THE MOST RECENT EMPLOYER. IF **SELF-EMPLOYED** OR **CONTRACT APPLICANT** YOU 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.

IF THE EMPLOYER IS NO LONGER IN BUSINESS, PLEASE INCLUDE A COPY OF THE W2 FORM.

Employee's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Supervisor / Personnel Manager: \_\_\_\_\_ Dept/Div: \_\_\_\_\_

Supervisor / Personnel Manager's Email: \_\_\_\_\_

I verify that \_\_\_\_\_ is or was an employee at this company and conducts the duties during the employment periods stated in this application.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**12. TESTIMONIAL: (this section **MUST** be completed or application will be rejected)**

(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. Test results will not be released until all obligations are fulfilled..

**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 or after the exam. I understand that a violation of this oath may be grounds for invalidation of my certification.**

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b>THE FOLLOWING IS TO BE COMPLETED BY A NOTARY PUBLIC</b>
Sworn to and subscribed before me this _____ day of _____ of year ____.
My commission expires _____ Notary Public Signature _____ (seal and/or stamp is REQUIRED)



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# VISUAL ACUITY RECORD

LAST NAME : \_\_\_\_\_ Certification # (if applicable) : \_\_\_\_\_

FIRST NAME : \_\_\_\_\_ MEMBER # (if applicable) : \_\_\_\_\_

If scheduled to take an AWS certification exam, site location: \_\_\_\_\_ Date \_\_\_\_\_

### TO APPLICANTS:

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

Before submitting this form with your application to AWS, be sure to keep a copy for your records. 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)		AWS use only
<input type="checkbox"/>	Both eyes require corrected vision to J2	W
<input type="checkbox"/>	Only one eye needs corrected vision to J2	W
<input type="checkbox"/>	No correction is required.	O

2. Through a color perception examination, is the applicant colorblind? (please check one of the following)		AWS use only
<input type="checkbox"/>	No, customer is not colorblind	C
<input type="checkbox"/>	Yes, customer is colorblind.	B

### 3. PLEASE PRINT CLEARLY

CUSTOMER NAME: \_\_\_\_\_ DATE OF EYE EXAMINATION: \_\_\_\_\_

EXAMINER NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

EXAMINER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST/PROVINCE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

EXAMINER PROFESSIONAL STATUS BY (please check only one):

Ophthalmologist     Optometrist     Medical Doctor     Registered Nurse     Certified Physician's Assistant

EXAMINER SIGNATURE: \_\_\_\_\_ STATE/PROV. LICENSE NUMBER: \_\_\_\_\_

# BODY OF KNOWLEDGE

## AWS Certified Welding Inspector

The following is an **approximate** breakdown of the examination categories and the number of questions drawn from each subject area.

PART A: FUNDAMENTALS	
Subject	Percentage
Welding Processes	10%
Heat Control & Metallurgy (carbon and low-alloy steel)	6%
Weld Examination	9%
Welding Performance	9%
Definitions and Terminology	12%
Symbols – Welding and NDE	10%
Test Methods – NDE	8%
Reports and Records	6%
Duties and Responsibilities	4%
Safety	5%
Destructive Tests	4%
Cutting	3%
Brazing	2%
Soldering	1%

PART B: PRACTICAL	
Subject	Percentage
Procedure and Welder Qualifications	30%
Mechanical Test and Properties	10%
Welding Inspection and Flaws	36%
NDE	10%
Utilization of Specification and Drawings	10%

PART C: CODE APPLICATIONS	
Subject	Percentage
Materials and Design	10%
Fabrication	30%
Inspection	25%
Qualification	30%

CODE SUBJECTS AVAILABLE	
AWS D1.1- Structural Steel Code: 2010 editions <b>only</b>	
*AP1104- Pipelines 20 <sup>th</sup> edition with 2007 errata/addenda	
**AWS D1.2- Structural Aluminum Code: 2003 or 2008 edition	
**ASME Section IX (2007 edition), B31.1 (2007 edition), & B31.3 (2006 edition)	
**AWS D15.1 - Railroad: 2007 edition	
**ASME Sections VIII (Div 1) & IX, (both 2007 editions with 2008 addenda)	
**AWS D1.5- Bridge Welding Code: 2008 edition	

\* Applicant **must** provide own codebook for the exam.

\*\* Code Clinic not available. Applicant **must** provide own codebook for the exam.

### **AWS – RECOMMENDED SELF-STUDY Examination Preparatory Material**

**Note:** D1.1: 2010 edition may be used as study material.

AWS PUBLICATIONS	ORDER NUMBER
<i>Certification Manual for Welding Inspectors</i>	CM: 2000
<i>Welding Inspection Handbook</i>	WI: 2000
* <i>D1.1/D1.1M Structural Welding Code-Steel</i>	D1.1/D1.1M: 2010
* <i>D1.1 Code Clinic Reference Manual</i>	D1.1CCRM: 2008
* <i>API 1104 Study Guide for API Standard 1104 Welding of Pipelines</i>	API-M: 2008
* <i>Welding Inspection Technology</i>	WIT-T:2008
* <i>Welding Inspection Technology (Workbook)</i>	WIT-W: 2008
* <i>Welding Inspection Technology Sample CWI Fundamentals Exam</i>	WIT-E: 2008
* <i>Standard Welding Terms and Definitions</i>	A3.OM/A3.0:2010
* <i>Standard Welding Symbols</i>	A2.4: 2007
* <i>Visual Inspection Workshop Reference Manual</i>	VIW-M: 2008
* <i>Guide for the Nondestructive Examination of Welds</i>	B1.10M/B1.10:2009
* <i>Specification for the Qualification of Welding Inspectors (errata 2007)</i>	B5.1: 2003
❖ <b>Books are provided to participants at the AWS Seminars</b>	

OTHER RECOMMENDATIONS	ORDER NUMBER
AWS Welding Handbook Series	WHB-ALL
Guide for the Visual Examination of Welds	B1.11: 2000
Safety in Welding, Cutting and Allied Processes	ANSI Z49.1: 2005

### **TO PURCHASE ANY OF THE AWS PUBLICATIONS OR THE API1104 CODEBOOK:**

- ❑ Contact WEX at 888-WELDING or 305-824-1177
- ❑ Or visit the website at [www.awspubs.com](http://www.awspubs.com)



## **AWS POLICIES AND FEES**

### **IMPORTANT NOTICE!!**

#### **“NO SHOW” PENALTY**

If a candidate fails to cancel or reschedule, all fees will be forfeited. A [Change of Site/Cancellation](#) 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 [Change of Site/Cancellation](#) 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:

<b>Seminar Only</b>	<b>- \$550</b>
<b>Exam Only</b>	<b>- \$140</b>
<b>Seminar and Exam</b>	<b>- \$690</b>

#### **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 [Change of Site/Cancellation](#) 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:

<b>Seminar Only</b>	<b>- \$350</b>
<b>Exam Only</b>	<b>- \$140</b>
<b>Seminar and Exam</b>	<b>- \$490</b>

#### **RESCHEDULE/CANCELLATION REQUESTS**

Reschedule/Cancellation requests **WILL NOT** 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.

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

\_\_\_\_\_  
 Applicant’s Name (print)

\_\_\_\_\_  
 Applicant’s Signature

\_\_\_\_\_  
 Date