



Applicants Information:

Last Name: _____ First Name: _____ Middle: _____

Check sections for compliance.

| | |
|--------------------------|--|
| <input type="checkbox"/> | Personal Information – Last, First, and Middle initial MUST be completed. |
| <input type="checkbox"/> | Sec. 1: Personal Information – Name must match your current government issued ID or Passport |
| <input type="checkbox"/> | Sec. 2: Exam Location – Site Code (if Applicable), Exam Date, City/State, and Submission Deadline |
| <input type="checkbox"/> | Sec. 3: Select the part(s) for retest – select all that apply - If taking a non-AWS seminar prior to exam, please fill section next to #4 |
| <input type="checkbox"/> | Sec. 4: Visual Acuity Form – Eye Examinations shall be performed not more than one (1) year prior to the date of examination. Applicants shall submit results to the AWS certification department along with their application. |
| <input type="checkbox"/> | Sec. 5: Photo Requirement – To learn more, review the information on how to provide a suitable photo for your wallet card on our web photo-id-requirements |
| <input type="checkbox"/> | Sec. 6: Proof of Identity – current color copy of government passport or national ID |
| <input type="checkbox"/> | Sec. 7: Associations – Type of Business, Job Classification and Technical Interests. |
| <input type="checkbox"/> | Sec. 8: Terms and Conditions - This section of the application must be read, checked, dated, and signed by the applicant taking the exam. |

Important Links:

Important Links:

[International Certification Exam Schedule](#)

[AWS Policies and Fees](#)

[International Agents](#)

RE-EXAM CAWI/CWI EXAM APPLICATION

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

| | | | |
|--------------------------------|---------------------|---|--|
| 1. Personal Information | | <i>Name must match your current government issued ID or Passport</i> | |
| Surname | First Name | | |
| Street Address | | | |
| City/Province/Country | Postal Code | Date of Birth | |
| Email | Mobile Phone | | |

| | |
|--|---|
| 2. Exam Location - | <i>Confirmation will be emailed in 3-4 weeks from receipt</i> |
| 1 st *Site Code: _____ Exam Date: _____ Name of Agency: _____ KETC Korea Co.,Ltd. | |
| *Only if applicable | |

| |
|---|
| 3. Choose the part(s) for retest |
| <input type="checkbox"/> Part A – Fundamental |
| <input type="checkbox"/> Part B – Practical |
| <input type="checkbox"/> Part C – Code Application |
| Must be the same codebook applied for on the original application. If you wish to change, you must reapply by submitting a new application and testing to all three parts of the CWI exam as per QC1 . |

AWS Member # _____

If taking a non-AWS seminar prior to exam, please answer the following:

Name of Agency _____

City, State _____

Seminar date _____

4. Visual Acuity Form

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

5. Photo Requirements

Do not send photo if a current one is already on file within the last 12 months, otherwise [click here](#).

6. Proof of Identity

Please attach a color copy of your current Government issued ID to this application, such as a driver’s license or passport.

5. Associations

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

8. Terms and Conditions- Please check, date, and sign below.

PROGRAM AND REGISTRATION TERMS, POLICIES, AND FEES

I hereby certify that I have read the program requirements contained in the following program document:

- [QC1 Standard for the AWS Certification of Welding Inspectors](#)
- [B5.1 Specification for the Qualification 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. I further understand that any required information that is incomplete or missing will cancel this registration.

EXAMINATION POLICIES AND RULES

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 [Candidate Attestation Agreement](#) (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.

COVID-19/COMMUNICABLE DISEASE LIABILITY POLICIES AND WAIVER

Furthermore, I certify that I have read and understand the [COVID-19/Communicable Disease Liability Waiver requirements](#). I certify that I understand that I will be asked to sign this waiver at the start of any AWS seminar, class, exam, or other AWS event. I further understand that failing to agree to the pronouncements in the waiver will disqualify me from participating in the event, and I will be barred from entering the event room or participating the event. I further understand that being barred for failing to agree to the pronouncements will result in forfeiture of all registration fees. I understand that I will also be barred from the event if I do not attest to both of the COVID-19 statements related to recent symptoms and exposure risks.

Applicant's Signature _____ Date _____

VISUAL ACUITY FORM

Member #: _____ Email address: _____ Date: _____

Last Name: _____ First Name: _____ MI: _____

Applicant

This form must be submitted for all SCWI/CWI/CAWI/CRI/CWEng applications ONLY.

AWS will not release exam results, recertification results, or renewals without a completed Visual Acuity Record on file.

IMPORTANT: This completed Visual Acuity Form must be sent to the AWS Certification Department along with the application. Applicants who have not fulfilled all requirements and/or have not submitted the form, shall have test scores/application voided and may be in jeopardy of forfeiting application fees. This form may be sent via email or mail.

Eye Examination

Eye examinations shall be administered by an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician's Assistant or by other ophthalmic medical personnel and must include the state or province license number. Examinations shall be performed not more than one (1) year prior to the date of the certification examination or the expiration date for renewals and recertifications. New visual acuity records do not need to be supplied for retests occurring within one (1) year from the original examination 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 Record form supplied by the AWS Certification Department. **No other forms will be accepted.**

1. The following must be completed by the eye examiner:

A. Verify the customer's close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater(≥30.5 cm)

(Check ONLY one of the following for each eye)

| OD | OS | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Requires corrected vision to read Jaeger J2 at 12 in. or greater. |
| <input type="checkbox"/> | <input type="checkbox"/> | No correction is required to read Jaeger J2 at 12 in. or greater. |
| <input type="checkbox"/> | <input type="checkbox"/> | Unable to read Jaeger J2 at 12 in. or greater even with attempt at correction. |

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| AWS Use Only |
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B. Through a color perception examination, is the applicant colorblind?

(Check ONLY one of the following for each eye)

| OD | OS | |
|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Customer IS NOT colorblind |
| <input type="checkbox"/> | <input type="checkbox"/> | Customer IS colorblind. |

| |
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3. Examiner's Contact Information *(print clearly)*

Customer Name: _____ Date of eye exam: _____

Examiner Name: _____ Phone Number: _____

Examiner Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

4. Examiner professional status *(check only one)*

- Ophthalmologist
 Optometrist
 Medical Doctor
 Registered Nurse
 Certified Physician's Assistant

Examiner Signature: _____ State/Prov. License number: _____