



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

**CWI/SCWI RENEWAL  
 APPLICATION  
 For International Agents**

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**Applicants Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

**Check sections for compliance.**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Personal Information – Last, First, and Middle initial <b>MUST</b> be completed.   |
| <input type="checkbox"/> | <b>Sec. 1: Personal Information</b> – Name must match your current government issued ID or Passport.   |
| <input type="checkbox"/> | <b>Sec. 2: Member Information</b> – Please complete if you are a member.   |
| <input type="checkbox"/> | <b>Sec. 3: Renewal</b> - Please select your renewal.   |
| <input type="checkbox"/> | <b>Sec. 4: Exam Location</b> – Site Code (if Applicable), Exam Date, City/State, and Submission Deadline   |
| <input type="checkbox"/> | <b>Sec. 5: Associations</b> – Type of Business, Job Classification and Technical Interests.  |
| <input type="checkbox"/> | <b>Sec. 6: Qualifying Work Experience</b> – <b>must</b> be completed for each employer to meet minimum work experience Requirement. All fields are mandatory.  |
| <input type="checkbox"/> | <b>Sec. 7: American Disabilities Act (ADA)</b> : if applicable, candidate must print a copy of our <a href="http://www.aws.org/ada-disability-accommodations">ADA package</a> and follow the instructions. <a href="http://www.aws.org/ada-disability-accommodations">www.aws.org/ada-disability-accommodations</a>                                  |
| <input type="checkbox"/> | <b>Sec. 8: Visual Acuity Form</b> – 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"/> | <b>Sec. 9: Photo Requirement</b> – To learn more, review the information on how to provide a suitable <a href="http://www.aws.org/certification/page/photo-id-requirements">photo</a> for your wallet card on our web <a href="http://www.aws.org/certification/page/photo-id-requirements">www.aws.org/certification/page/photo-id-requirements</a> |
| <input type="checkbox"/> | <b>Sec. 10: Terms and Conditions</b> - This section of the application must be read, checked, dated, and signed by the   |

**サンプル****RENEWAL APPLICATION  
CWI/SCWI 3<sup>rd</sup> and 6<sup>th</sup> Year****Application must be completed and signed by the person taking the exam****1. Personal Information**Name **must** match your current government issued ID or Passport

<b>Surname</b>		<b>First Name</b>	
<b>Street Address</b>			
<b>City/Providence/Country</b>		<b>Postal Code</b>	<b>Date of Birth</b>
<b>Email</b>		<b>Mobile Phone</b>	

**2. Check and complete the following:**

Are you an AWS Member?  Yes  No If yes, please provide your Member #: \_\_\_\_\_ *Company Membership not*

CWI  SCWI Certification number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**3. Renewal (choose one)****試験なしで更新する場合はこちらを選択する** CWI and SCWI renewal by work experience **complete sections 1,2,3, 5, 6, 8,9, 10.**

The WI requesting renewal of certification shall attest to having no period of continuous inactivity greater than two years during the previous three years of certification.

 CWI and SCWI renewal by examination **Complete sections 1-5, 7,8, 9, 10, 11.**

WI not meeting the work experience requirements for renewal may renew by taking the CWI part B Practical exam and meet the scoring requirements of 6.2.2 of QC1.

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

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:** 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. [Exam Schedule](#)**試験なしを選択した場合は上記は記入不要**

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**5. Associations**

<b>Type of Business (check only ONE)</b>	<b>Job Classification (check only ONE)</b>	<b>Technical Interests (check ALL that apply)</b>
A <input type="checkbox"/> Contract construction	01 <input type="checkbox"/> President, owner, partner, officer	<input type="checkbox"/> Ferrous metals
B <input type="checkbox"/> Chemicals & allied products	02 <input type="checkbox"/> Manager, director, superintendent (or assistant)	<input type="checkbox"/> Aluminum
C <input type="checkbox"/> Petroleum & coal industries	03 <input type="checkbox"/> Sales	<input type="checkbox"/> Non-ferrous except aluminum
D <input type="checkbox"/> Primary metal industries	04 <input type="checkbox"/> Purchasing	<input type="checkbox"/> Advanced materials/intermetallics
E <input type="checkbox"/> Fabricated metal products	05 <input type="checkbox"/> Engineer — welding	<input type="checkbox"/> Ceramics
F <input type="checkbox"/> Machinery except elect. (incl. gas welding)	06 <input type="checkbox"/> Engineer — other	<input type="checkbox"/> High energy Processes
G <input type="checkbox"/> Electrical equip., supplies, electrodes	07 <input type="checkbox"/> Inspector, tester	<input type="checkbox"/> Arc Welding
H <input type="checkbox"/> Transportation equip. - air, aerospace	08 <input type="checkbox"/> Supervisor, foreman	<input type="checkbox"/> Brazing & Soldering
I <input type="checkbox"/> Transportation equip. - automotive	09 <input type="checkbox"/> Welder, welding or cutting operator	<input type="checkbox"/> Resistance Welding
J <input type="checkbox"/> Transportation equip. - boats, ships	10 <input type="checkbox"/> Architect, designer	<input type="checkbox"/> Thermal Spray
K <input type="checkbox"/> Transportation equip. - railroad	11 <input type="checkbox"/> Consultant	<input type="checkbox"/> Cutting
L <input type="checkbox"/> Utilities	12 <input type="checkbox"/> Metallurgist	<input type="checkbox"/> NDT
M <input type="checkbox"/> Welding distributors & retail trade	13 <input type="checkbox"/> Research & development	<input type="checkbox"/> Safety & Health
N <input type="checkbox"/> Misc. repair services (incl. welding shops)	14 <input type="checkbox"/> Technician	<input type="checkbox"/> Pipe & Tubing
O <input type="checkbox"/> Educational Services (univ., libraries, schools)	15 <input type="checkbox"/> Educator	<input type="checkbox"/> Pressure Vessels & Tanks
P <input type="checkbox"/> Engineering & architectural services (incl. assns.)	16 <input type="checkbox"/> Student	<input type="checkbox"/> Structures
Q <input type="checkbox"/> Misc. business services (incl. commercial labs)	17 <input type="checkbox"/> Librarian	<input type="checkbox"/> Roll Forming
R <input type="checkbox"/> Government (federal, state, local)	18 <input type="checkbox"/> Customer service	<input type="checkbox"/> Sheet metal
S <input type="checkbox"/> Other	19 <input type="checkbox"/> Other	<input type="checkbox"/> Stamping & punching
	20 <input type="checkbox"/> Engineer - design	<input type="checkbox"/> Bending & shearing
	21 <input type="checkbox"/> Engineer - manufacturing	<input type="checkbox"/> Aerospace
	22 <input type="checkbox"/> Quality Control	<input type="checkbox"/> Automotive
		<input type="checkbox"/> Machinery
		<input type="checkbox"/> Marine
		<input type="checkbox"/> Other
		<input type="checkbox"/> Automation
		<input type="checkbox"/> Robotics
		<input type="checkbox"/> Computerization of Welding

Name \_\_\_\_\_

AWS Member # \_\_\_\_\_

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**6. Qualifying Work Experience: - Resumes not accepted -****ALL FIELDS ARE MANDATORY**

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:
  - o AWS will accept your applications up to 11 months prior to expiration. We highly recommend sending your renewal application 60 days prior to your expiration date to allow sufficient processing time.
  - 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.
  - o SCWI/CWI not meeting the requirements of 15.4 from AWS [QC1](#) may renew by taking the CWI part B Practical exam and meet the scoring requirements of 6.2.2 of [QC1](#).
- SCWI/CWI certification renewals are limited to two consecutive three-year periods.

Company Name		Type of Business		Company Phone Number	
Company Street Address			City, State, Postal Code		
Supervisor's Name			Title of Immediate Supervisor		
Supervisor's Email Address				Department	
Applicant's Job Title			Employed From:		To:
			(Mo.)	(Yr.)	(Mo.) (Yr.)
Job Responsibilities- Detailed Description Required					
どのような事業/製品のどのような業務に携わっているのかできるだけ詳しく書いてください。この記述が簡単すぎて再提出求められるケースがあります。					

(Reproduce this section for each additional employer)

**7. 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.

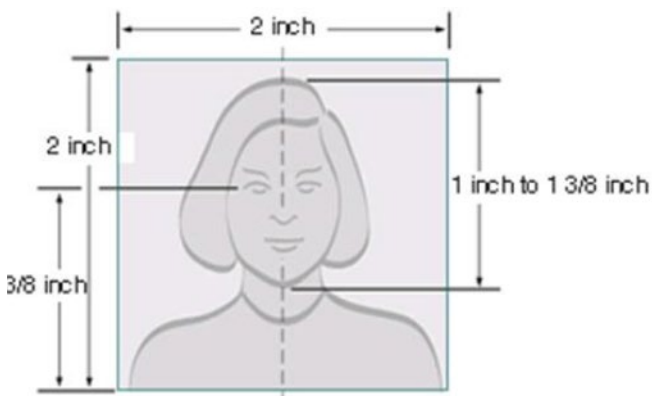
Will you be using a glucose meter during your exam? Yes  No

**8. Visual Acuity Form**

A current Visual Acuity Form must be completed and submitted along with this application. To download a copy of the form, visit our [website](#).

**9. 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.



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

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

*Only use scotch tape on the back of the photo.*

Renewal App

背景が必ず白色のカラー写真を51mmx51mmのサイズにして上記位置に貼り付けるか別ファイルで送ってください。

**10. Candidate Attestation Agreement-** 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 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 COVID-19 statements related to recent symptoms and exposure risks.

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

上記は直筆サイン、日付を記入願います  
電子署名でも構いませんがきちんと表示されて  
いることを確認してください。

Name \_\_\_\_\_

AWS Member # \_\_\_\_\_

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# 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:

ここから下は印刷したものを医師の方に記入をお願いします。

#### 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.

AWS Use Only
W
O
NQ

#### 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.

AWS Use Only
C
B

### 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: \_\_\_\_\_