

Application for Training & CWI Examination

[illegible]

FIRST NAME:

(ALL CORRESPONDENCE WILL BE MAILED TO THE ADDRESS LISTED BELOW)

FIRST NAME (GIVEN NAME)[illegible][illegible][illegible]**POSTAL CODE**[illegible]**Company TELEPHONE NUMBER WITH CITY CODE**[illegible][illegible]

E-MAIL

[illegible][illegible]

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TYPE OF BUSINESS (CHECK ONE BOX ONLY)	JOB CLASSIFICATION (CHECK ONE BOX ONLY)	
A. <input type="checkbox"/> Contract Construction	01 <input type="checkbox"/> President, owner, partner, officer	E__ Advanced materials, intermetallics
B. <input type="checkbox"/> Chemicals, Allied Products	02 <input type="checkbox"/> Manager, director, superintendent	E__ Ceramics
C. <input type="checkbox"/> Petroleum & Coal Industries	03 <input type="checkbox"/> Sales	F__ High energy beam processes
D. <input type="checkbox"/> Primary Metal Industries	04 <input type="checkbox"/> Purchasing	G__ Arc welding
E. <input type="checkbox"/> Fabricated Metal Products	05 <input type="checkbox"/> Engineer – welding	H__ Brazing and soldering
F. <input type="checkbox"/> Machinery except electrical	06 <input type="checkbox"/> Engineer – other	I__ Resistance welding
G. <input type="checkbox"/> Electrical equipment, supplies, electrodes	07 <input type="checkbox"/> Inspector, tester	J__ Thermal spraying
H. <input type="checkbox"/> Transport equip., air, aerospace	08 <input type="checkbox"/> Supervisor, foreman	K__ Cutting
I. <input type="checkbox"/> Transport equip., automotive	09 <input type="checkbox"/> Welder, welding or cutting operator	L__ NDE
J. <input type="checkbox"/> Transport equip., boats, ships	10 <input type="checkbox"/> Architect, designer	M__ Safety and health
K. <input type="checkbox"/> Transport equip., railroad	11 <input type="checkbox"/> Consultant	N__ Bending and shearing
L. <input type="checkbox"/> Utilities	12 <input type="checkbox"/> Metallurgist	O__ Roll forming
M. <input type="checkbox"/> Welding distributorship & retail trade	13 <input type="checkbox"/> Research and development	P__ Stamping and punching
N. <input type="checkbox"/> Misc. repair services inc. welding shops	14 <input type="checkbox"/> Technician	Q__ Aerospace
O. <input type="checkbox"/> Education services inc. schools, libraries	15 <input type="checkbox"/> Educator	R__ Automotive
P. <input type="checkbox"/> Engineering & architectural services	16 <input type="checkbox"/> Student	S__ Machinery
Q. <input type="checkbox"/> Misc. business services inc. laboratories	17 <input type="checkbox"/> Librarian	T__ Marine
R. <input type="checkbox"/> Governmental (federal, state, local)	18 <input type="checkbox"/> Customer service	U__ Piping and tubing
S. <input type="checkbox"/> Other _____	19 <input type="checkbox"/> Other _____	V__ Pressure vessels and tanks
YOUR COMPANY'S PRIMARY PRODUCT OR SERVICE:	FILL IN ORDER OF PRIORITY (1, 2, 3 ETC.) YOUR TECHNICAL INTERESTS	W__ Sheet metal
	A__ Ferrous metals	X__ Structures
	B__ Aluminum	Y__ Other _____
	C__ Nonferrous metals except aluminum	Z__ Automation
		AA__ Robotics
		BB__ Computerization of welding

LAST NAME:

FIRST NAME:

SECTION 2 - **EDUCATIONAL INFORMATION**

For further information regarding Educational requirements, please refer to QC1: 06 available online at www.aws.org/certification.

PLEASE CHECK THE APPROPRIATE BOX BELOW:

<input type="checkbox"/> High school graduate or achieved equiv. certificate	<u>MUST</u> document at least five (5) years work experience in the Qualifying Work Experience Section below
<input type="checkbox"/> Did <u>not</u> graduate high school, <u>but</u> completed the 8 th grade or equiv.	<u>MUST</u> document at least nine (9) years work experience in the Qualifying Work Experience Section below
<input type="checkbox"/> Did <u>not</u> complete the 8 th grade	<u>MUST</u> document at least twelve (12) years work experience in the Qualifying Work Experience Section below

Applicants may substitute a maximum of two (2) years of the required five (5) years work experience with an equal or greater amount of post high school (secondary school) education in welding functions as described in AWS B5.1. Please complete this section **only** if substituting education for work experience:

PLEASE CHECK THE APPROPRIATE BOX BELOW:

<input type="checkbox"/> <i>Vocational or Technical School credits</i> - <u>MUST</u> attach transcripts of welding related courses or diploma.	Circle no. of years attended 1 2 3 4 5	Maximum one (1) year work substitution credit <i>only</i> if courses <i>completed</i> and <i>within</i> a curriculum related to welding.
<input type="checkbox"/> <i>University credits</i> - <u>MUST</u> attach transcripts of engineering-level courses or diploma.	Circle no. of years attended 1 2 3 4 5	Maximum two (2) years work substitution credit if the degree is in engineering technology, engineering, or physical science

NOTE: Foreign language transcripts and diplomas must be translated into English (handwritten acceptable) and signed by employer or Moody International.

SECTION 3 - **QUALIFYING WORK EXPERIENCE**

NOTE: This section must be thoroughly completed. The submittal of a resume or c.v. in lieu of completing this section does not fulfill the requirement.

(Applicant Initials) I understand that all work experience documented herein may be verified with both past and present employers.

Company Name: _____ Dept/Div.: _____

Supervisor/Personnel Manager: _____ Telephone: _____ Ext: _____

Mailing Address: _____

City: _____ State/Province.: _____ Postal Code: _____ Country: _____

Supervisor/Personnel Manager Email address: _____

NOTE: The following information must be provided only for the employer identified above. Please duplicate this section (as needed) to provide additional information for each employer used to meet the experience eligibility requirements.

JOB TITLE	DUTIES AND RESPONSIBILITIES	FROM: (MM/YY)	TO: (MM/YY)
1)			
2)			
3)			
4)			
5)			

LAST NAME:

FIRST NAME:

SECTION 4 - **EMPLOYMENT VERIFICATION**

NOTE : THIS SECTION MUST BE COMPLETED BY YOUR SUPERVISOR OR PERSONNEL MANAGER OF YOUR CURRENT OR MOST RECENT EMPLOYER. IMPORTANT - THIS PAGE MUST BE ATTACHED WITH YOUR APPLICATION. DO NOT SEND SEPARATELY. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS COMPLETED SECTION. DO NOT USE THIS PAGE IF SELF-EMPLOYED. SELF-EMPLOYED APPLICANTS MUST PROVIDE TWO (2) NOTARIZED LETTERS OF REFERENCE FROM SEPARATE CLIENTS.

Employee's Last Name: _____ Employee's First Name: _____

Company Name: _____ Dept/Div.: _____

Mailing Address: _____

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

Supv/ Personnel Mgr E-mail: _____ Supv/Personnel Mgr Phone: _____

DECLARATION:

NOTE: PLEASE PRINT BELOW EXCEPT FOR SIGNATURE

I verify that: _____, whose social identification number is: _____ is / was
(circle one)

employed by this company and conducted the described duties, during the employment periods, submitted in this application.

My name is: _____ My job title is: _____

Date: _____ Signature: _____

COMPANY STAMP

PROVISO:

Upon obtaining my CWI certification, I give AWS the right to reveal my certification status as it relates to my validity and expiration date only. No other information related to my certification shall be revealed. ☐ Yes ☐ No

NOTE: THE FOLLOWING IS TO BE COMPLETED AT THE EXAMINATION TEST SITE

NOTARIZATION:

I hereby certify that I have read the requirements contained in the document *QC-1 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 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 and Moody 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 and Moody the right to reveal my certification status as it relates to my validity and expiration date only. I further understand any information that is incomplete or missing will place my application on a conditional basis. Therefore, test results will not be released until all obligations are fulfilled.

Applicant's Signature _____ Date: _____

THE FOLLOWING IS TO BE COMPLETED BY THE MOODY INTERNATIONAL TEST SUPERVISOR

Sworn to and subscribed before me this _____ day of _____ 200__

Witness Signature: _____ (Seal and/or stamp is **required**)

MI Test Supervisor

SEAL OR STAMP

Visual Acuity Record

APPLICANT NAME: _____ SOCIAL IDENTIFICATION NUMBER: _____

AWS CERTIFICATION NUMBER (IF EXISTING CWI): _____ EXAM DATE: _____ LOCATION: _____

NOTICE TO ALL CERTIFICATION EXAMINATION APPLICANTS:

This form must be submitted with all CWI applications. Applicants should maintain a copy for their records. Applicants who are unable to supply a completed Visual Acuity Record with their application prior to a submission deadline may forward this form to AWS separately.

*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 (7) months** prior to the scheduled date of welding inspection examination or re-certification anniversary date. As suggested above, please keep a copy for your files.*

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12in. -17 in (30.48cm-43.18cm). All applicants shall take a color perception test. Eye examination results shall be submitted on this form only.

AWS will not accept visual acuity test results that do not comply with regulations. AWS will not release CWI exam results without a completed visual acuity record on file. Applicants may submit completed visual acuity records at the CWI exam location.

THE FOLLOWING THREE SECTIONS ARE TO BE COMPLETED BY THE EYE EXAMINER

1. PLEASE VERIFY IF THE PERSON BEING TESTED REQUIRES VISION CORRECTION ON JAEGER J2 (LETTERS .37CM IN SIZE) AT A DISTANCE OF 12 INCHES TO 17 INCHES (30.48CM TO 43.18CM). (PLEASE CHECK [√] ONE OF THE FOLLOWING)		AWS Use Only
<input type="checkbox"/>	BOTH EYES REQUIRE CORRECTED VISION	W
<input type="checkbox"/>	ONE EYE ONLY NEEDS CORRECTED VISION	O
<input type="checkbox"/>	NO CORRECTION REQUIRED. CUSTOMER POSSESSES AT LEAST 20/20 VISION FOR BOTH EYES.	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

APPLICANT NAME: _____ DATE OF EYE EXAMINATION: _____

EXAMINER NAME: _____ EXAMINER TELEPHONE NUMBER: (+) _____

EXAMINER ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ POSTAL CODE: _____ COUNTRY: _____

EXAMINER PROFESSIONAL STATUS (PLEASE CHECK [√] ONLY ONE OF THE FOLLOWING):

OPHTHALMOLOGIST

OPTOMETRIST

MEDICAL DOCTOR

REGISTERED NURSE

CERTIFIED PHYSICIAN'S ASSISTANT

EXAMINER SIGNATURE: _____

STATE/PROVINCIAL LICENSE OR IDENTIFICATION NUMBER: _____

