



American Welding Society

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

Certified Robotic Arc Welding Application (CRAW)

**For your convenience, please use our [Certification Application Portal](#).
Effective November 15th, 2019, applications will be charged an additional
non refundable fee of \$125.00 if sent to AWS by email or paper.**

1. Personal Information Name **must** match your current government issued ID or Passport

Last Name		First Name		Middle Initial
Street Address			City, State, Zip Code	
Home Telephone	Work Telephone		Mobile Telephone	
Email		Date of Birth MM/DD/YY	Last Four Digits of SS#	

2. I am applying for: CRAW- O (Operator) CRAW- T (Technician) AWS CWI/SCWI Certification Number: _____

Note: Testing for CRAW-T Certification requires the applicant to be certified as a CWI/SCWI. Please indicate your CWI/SCWI number in the space provided above.

Certification as a CRAW Operator or Technician requires the successful completion of a written examination and a performance test. A current AWS CRAW Technician must administer the hands-on performance test. For a list of the [AWS Approved Testing Centers \(ATCs\)](#), please visit our website. Indicate the information for the testing center below:

3. ATC Site: _____ City, State: _____ Desired Test Date: _____

**Only the AWS fee is required for this application. The Practical Test and any training provided by the Approved Testing Center (ATC) will be invoiced to you by the facility. For ATC fees, contact the facility or visit their website.*

4. Method of payment	AWS USE ONLY
Checks made payable to AWS Full payment must accompany application <input type="checkbox"/> Check or Money Order # _____ <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover Credit Card # _____ / _____ / _____ / _____ Exp. Date _____ / _____ CVV _____ Signature _____	Acct # _____ Date _____ Amt \$ _____

Name _____

AWS Member # _____

5. Education and Work Experience Requirements

<input type="checkbox"/> (A) High School diploma or equivalent.	Required for both CRAW-O and CRAW-T														
<input type="checkbox"/> (B) Hold current AWS CWI or SCWI Certification (CRAW-T only).	Required for CRAW-T														
<input type="checkbox"/> (C) Minimum of six (6) months experience in manual or semiautomatic arc welding processes as a welder.	Required for both CRAW-O and CRAW-T														
<input type="checkbox"/> (D) <i>Work experience as a welder (including robotic and automatic operator) and including the six months of manual or semiautomatic arc welding experience mentioned in item C above.</i>	CRAW-O must have 12 or more total months. CRAW-T must have 18 or more total months.														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Circle no. of months</td> <td style="padding: 2px;">0-5</td> <td style="padding: 2px;">6-11</td> <td style="padding: 2px;">12-17</td> <td style="padding: 2px;">18+</td> </tr> </table>	Circle no. of months	0-5	6-11	12-17	18+										
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<input type="checkbox"/> (E) Experience in an occupational function in direct relation to welding or robotics. Includes welder experience from above requirement and other functions, such as inspector or quality control.	CRAW-O must have 3 or more years. CRAW-T must have 5 or more years.														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Circle no. of years</td> <td style="padding: 2px;">0</td> <td style="padding: 2px;">1</td> <td style="padding: 2px;">2</td> <td style="padding: 2px;">3</td> <td style="padding: 2px;">4</td> <td style="padding: 2px;">5+</td> </tr> <tr> <td colspan="7" style="padding: 2px;"><i>Include welder experience from item D above and other functions, such as inspector or quality control.</i></td> </tr> </table>	Circle no. of years	0	1	2	3	4	5+	<i>Include welder experience from item D above and other functions, such as inspector or quality control.</i>							
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<input type="checkbox"/> (F) Post-Secondary in Welding, Technical, robotic, technology, electrical or engineering discipline may be substituted for an equal number of years but no more than two (2) of the required years of work Post-secondary education may be substituted for or credited toward welder experience requirements experience.	*Optional* Can be used to meet the requirements of letter (E) above.														
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6. Qualifying Work Experience

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

Duplicate this section as needed for each additional employer

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:	To:
	(Mo.) (Yr.)	(Mo.) (Yr.)
Job Responsibilities- Detailed Description Required*		

Name _____ AWS Member # _____

7. 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: _____ Company Phone: _____

Company Address: _____

City, State: _____ Zip Code: _____ Country: _____

I _____, verify that _____ maintained employment at

Supervisor/Personnel Manager's Name

Employee's Name (print)

_____ from _____ to _____

Company

Date mm/dd/yyyy

Date mm/dd/yyyy or Present

Signature: _____ Date: _____

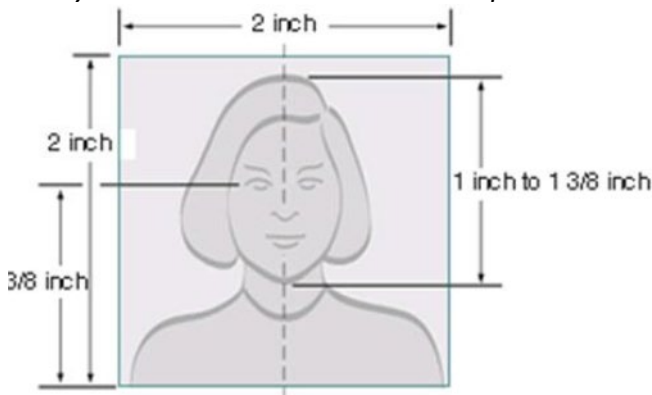
Supervisor/Personnel Manager's Name

Month/Day/Year

8. 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

9. 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 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 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 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 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 type="checkbox"/> Sheet Metal <input type="checkbox"/> Structures <input type="checkbox"/> Other <input type="checkbox"/> Automation <input type="checkbox"/> Computerization of Welding

Name _____

AWS Member # _____

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

Certified Robotic Arc Welding

[QC19 Standard for the AWS Certification of Robotic Arc Welding](#)

[D16.4 Specification for the Qualification of Robotic Arc Welding Personnel](#)

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.

CODE OF ETHICS, RULES OF CONDUCT AND PRACTICE

I attest that I have thoroughly read **QC1: 2016-AMD 1 Specification for the AWS Certification of Welding Inspectors, Clause 11 - Code of Ethics, Rules of Conduct and Practice** and agree to comply with it.

Administrative Procedures for Alleged Violations of AWS Certification Programs

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: _____