



**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.**

AWS Member # _____

Renewal

Upgrade - Certification upgrade desired. Certification to CRAW Technician requires that the applicant shall comply with the requirements of Sections 6, and 7.4 at the time of upgrade. In addition to submitting this application, the CRAW Operator shall request current upgrade directions from the AWS Certification Department.

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. Method of Payment		<u>AWS USE ONLY</u>	
Payment must accompany this application All checks and money orders made payable to AWS <input type="checkbox"/> Check or money order # _____ <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover CC#: _____ / _____ / _____ / _____ Exp: _____ / _____ SIGNATURE: _____ CVV: _____		Acct #: _____ Date: _____ Amt \$: _____ CRAW RE-EXAM	

NAME _____

Account No. _____

4. Requirements- Please refer to AWS QC19, *Standard for AWS Certification of Arc Welding Personnel* for further details

- The CRAW Operator or Technician shall renew their certification every three years.
- AWS may send a renewal notice, but if not received, **it remains the responsibility of the CRAW Operator or Technician to renew on time.**
- The CRAW Operator or Technician requesting renewal of certification shall attest to two (2) years activity of their three-year certification period in the practice of welding or related activities.
 - o One of the two years of activity may be fulfilled by satisfactory documentation of the completion or teaching of a minimum of 40 contact hours of training courses whose content must be in the occupational skill of welding or subjects related to welding, its application, control, materials and processes.

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- <i>Detailed Description Required*</i>					

5. Teaching/Training Courses

A minimum of 40 contact hours for one of the two years of activity of training courses whose content must be in the occupational skill of welding or subjects related to welding, its application, control, materials and processes. A contact hour shall consist of not less than 50 minutes of instruction. These hours shall be in accordance with the requirements of the QC 19, 12.2.1.

<u>PDH</u>	<u>Institution or provider name and contact information:</u>	<u>Title of course or seminar:</u>
	Date of completion	

6. Photo Identification Card

Applicants **MUST** submit one (1) passport-style color photograph in the size of 2X2 with this application. Please print your name and membership number (if applicable) on the reverse of the photograph. "The acceptance of your photo is always at the discretion of AWS."

7. 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.

5. 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

CANDIDATE ATTESTATION AGREEMENT

PROGRAM AND REGISTRATION TERMS, POLICIES, AND FEES

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

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](#)

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 attest 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 Specification 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 attest 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. AWS may send text alerts regarding your seminar and/or exam site information or status.

COVID-19/COMMUNICABLE DISEASE LIABILITY POLICIES AND WAIVER

Furthermore, I attest that I have read and understand the [COVID-19/Communicable Disease Liability Waiver requirements](#). I attest 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: _____