

For your convenience, please use our <u>Certification Application Portal</u>. Effective November 15th,2019, applications will be charged an additional non-refundable fee of \$125.00 if sent to AWS by email or paper.

2. Personal Information Name <u>must</u> match your current government issued ID or Passp					
Last Name	First Name	rst Name Middle Initial City, State, Zip Code			
Street Address					
Home Telephone	Work Telephone	Mobile Telephone			
Email		Date of Birth MM/DD/YY		Member #:	
Choose one 1 st Time Reciprocity Reciprocit	y Renewal CWI Certification # _			Expiration Date	
Visual Acuity Form urrent Visual Acuity Record must be comp American with Disabilities Act Accom					
By checking this box, I am requesting ADA. <u>Click here</u> for a copy of the acc Will you be using a glucose meter do	ng special accommodations due t commodations request p <u>ac</u> kage.			eeks prior to seminar and exam week. ted to complying fully with t	
4. Method of Payment	For Exam Fees <u>Certi</u>	fication Price List		AWS USE ONLY	
Payment must accompany this applica All checks and money orders made pa Check or money order # VISA MC AMEX Discover	ayable to AWS		Acct #:		
CC#:///////	/ Exp:	/	Date:	CWI	

SIGNATURE :

CVV:

5. Photo Requirement

Applicants <u>MUST</u> 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 <u>website</u>. 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 **<u>not acceptable</u>**.

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

Only use scotch tape on the back of the photo.

6. 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:

<u>QC1: 2016 Specification for the AWS Certification of Welding Inspectors</u>

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 <u>AWS Policies and Fees</u> 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 <u>Candidate Attestation Agreement</u> (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.

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

COVID-19/COMMUNICABLE DISEASE LIABILITY POLICIES AND WAIVER

Furthermore, I certify that I have read and understand the <u>COVID-19/Communicable Disease Liability Waiver requirements</u>. 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 in the waiver will disqualify me from participating to agree to the pronouncements 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