

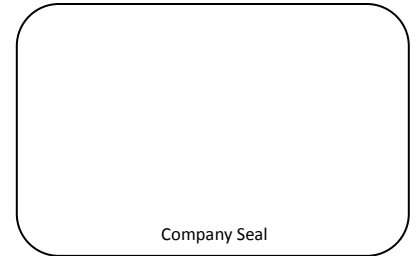
5. Qualifying Work Experience

Requirements: (PLEASE 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 Submit an approved renewal application to the AWS Certification Department by the expiration date of the current certification and no earlier than 6 months prior to the expiration date of that certification.
 - 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.
- 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.

REPRODUCE THIS SECTION AS NECESSARY TO RECORD ALL WORK EXPERIENCE

Company Name		Type of Business		Company Phone Number	
Company Street Address			City, State, Country, 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*					



6. Testimonial

(Applicants must read and sign the following statement in front of a notary)

I hereby certify that I have read the standard requirements contained in AWS QC1, *Standard for AWS Certification of Welding Inspectors*. Further, I agree to comply with the existing requirements and any subsequent requirements 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 only. I further understand that any required information that is incomplete or missing will cancel this registration.

Applicant's Signature _____ Date: _____

Sworn to and subscribed before me this _____ day of _____ the year _____.

Notary Public's Signature _____

My commission expires _____

