



**American Welding Society**

8669 NW 36 St, # 130 Miami, FL 33166-6672  
(800) 443-9353 or (305) 443-9353, ext. 273

SCWI

**RE-EXAM APPLICATION**

**Faxed or emailed applications are NOT accepted**

Last Name (Must match current Government Issued ID)										First Name (Must match current Government Issued ID)										MI	

Address (cont'd)																		Apt #	

City and State / Province / Country														Zip Code			

Home Telephone Number						Work Telephone Number						Mobile Telephone Number					

Date of Birth (example November 30 1952)

Month			Day			Year																

U.S. Social Security Number (last 4 only)

X	X	X		X	X															
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E-Mail Address (confirmation notification will be sent to this address)

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**NOTE**

This exam will be offered all over the US in convenient locations using computer based testing with our partners at Prometric. After your application has been submitted and approved, you will be provided with an Authorization to Test (ATT) Letter in order to schedule your appointment through Prometric at one of their centers.

<b>1. Check and Complete the Following:</b>	
Are you an AWS Member? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, Member #: _____  <p style="text-align: center;"><b>SCWI Re-Exam- Parts A &amp; B</b></p> Re-examinations shall be considered as any tests taken within one year (12 months) of the original test date. Candidates may take up to two (2) re-examinations within one year of the original test date.	<input type="checkbox"/> Check here if taking any non-AWS seminar prior to the exam.  Name of Training Provider _____  Location _____  Date _____

<b>2. Method of Payment</b>		<b>AWS USE ONLY</b>	
All checks and money orders should be made payable to AWS. <u>Payment must accompany your application</u>			
<input type="checkbox"/> Check or money order # _____  <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover CVV: _____  CC#: _____ / _____ / _____ / _____ Exp: _____ / _____  SIGNATURE: _____  <a href="http://bit.ly/1QseRd2">Click here</a> for current fees or visit <a href="http://bit.ly/1QseRd2">http://bit.ly/1QseRd2</a>		Acct #: _____  Date: _____  AMT\$: _____ CWS R	

Pricing		
Initial Exam	Member	Non-Member
Exam	\$595	\$810
Prometric Seating Fee	<u>\$120</u>	<u>\$120</u>
<b>TOTAL</b>	<b>\$715</b>	<b>\$930</b>

Name: \_\_\_\_\_

AWS Member # \_\_\_\_\_

### 3. American with Disabilities Act Accommodations

By checking this box I am requesting special accommodations due to a disability. AWS is committed to complying fully with the ADA. A copy of the accommodations request form can be found [here](#).

Will you be using a glucose meter during your exam? Yes  No

### 4. Proof of Identity

Please attach a color copy of your current Government issued ID to this application, such as a driver's license or passport.

### 5. Terms and Conditions- Please check, date, and sign below.

#### Senior Certified Welding Inspector

[QC1 Standard for the AWS Certification of Welding Inspectors](#)

[B5.1 Specification for the Qualification of Welding Inspectors](#)

- I hereby certify that I have read the standard requirements contained in the certification programs indicated above. 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.

**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 [Exam Security Agreement and General Terms of Use](#) (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.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*This space intentionally left blank*