



American Welding Society

8669 NW 36 St, # 130 Miami, FL 33166-6672
(800) 443-9353 or (305) 443-9353, ext. 273
Email: cw@aws.org

AWS CERTIFIED WELDER APPLICATION

\$50, Certification fee must accompany this form.
(Prices are subject to change.)

Last Name															First Name															MI	

Personal Information

Check one: ☐ Home Address ☐ Business Address (indicate company name below, if applicable)

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Address (welder card will be sent to the address indicated on this form. Make sure to indicate Apt./Suite # for the address indicated.)

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City and State / Province / Country

Zip Code

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Home Telephone Number

Work Telephone Number

Mobile Telephone Number

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E-Mail Address

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

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X	X	X		X	X						
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A courtesy renewal notification will be sent via email (3) months prior to the expiration of the welder certification. It is strongly recommended that a valid email address be indicated. (Note: If notification is not received, it remains the responsibility of the Certified Welder to renew on time.)

Upon obtaining my certification, I give AWS the right to reveal my certification status as it relates to its validity and the expiration date only. No other information related to my certification shall be revealed. ☐ Yes ☐ No. If Yes, please initial here _____

Test Information (To be completed by Facility's Test Supervisor)

Accredited Test Facility: _____ Certificate #: _____

WPS: _____ Date Tested: _____
Indicate WPS as required by AWS B2.1. If Supplement G is used, indicate the WPS as assigned by the employer. Ex: mm/dd/yy

Qualifications Range: Place the appropriate abbreviation in each category box.

Supplement	Code	Process	Gas (optional)	Filler Metal	Base Metal	Position(s)	Thickness, Backing - or - Thickness, Pipe OD & Backing

Reviewed: Facility Test Supervisor

Signature

Date

Test Record must accompany this application. WPS will need to be submitted if it is the first time being used.

CWI Stamp (required)

Method of Payment

Fees

AWS USE ONLY

Payment must accompany this application

All checks and money orders made payable to AWS

☐ Check or money order # _____

☐ VISA ☐ MC ☐ AMEX ☐ Discover

CC#: _____ / _____ / _____ / _____ Exp: _____ / _____

SIGNATURE: _____ CVV: _____

Acct #: _____

Date: _____

Amt \$: _____



WELDER and WELDING OPERATOR PERFORMANCE QUALIFICATION RECORD

Welder's Name:	ATF No:	Test No.
Welder's SS No. XXX-XX-	Date:	Reference WPS No:

VARIABLE	QUALIFICATION TEST DETAIL	QUALIFICATION RANGE*
Code or Specification Used:		
Welding Process and Type:	<input type="checkbox"/> Manual <input type="checkbox"/> Semiautomatic <input type="checkbox"/> Mechanized <input type="checkbox"/> Automatic	<input type="checkbox"/> Manual <input type="checkbox"/> Semiautomatic <input type="checkbox"/> Mechanized <input type="checkbox"/> Automatic
Backing:	<input type="checkbox"/> Used <input type="checkbox"/> Not Used	Required if used
Base Metal Spec/P or M-Number		
Sheet/Plate/Pipe Thickness – Groove	Sheet <input type="checkbox"/> Plate <input type="checkbox"/> Pipe <input type="checkbox"/> Thick.	
Sheet/Plate/Pipe Thickness – Fillet	Sheet <input type="checkbox"/> Plate <input type="checkbox"/> Pipe <input type="checkbox"/> Thick.	
Pipe/Tubular Outside Diameter – Groove		
Pipe/Tubular Outside Diameter – Fillet		
Filler Metal Specification No.		
Classification No.		
F No.		
Diameter		
Consumable Insert	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Penetration Enhancing Flux	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deposited Weld Metal Thickness		
Current/Polarity & Current Range	Type/Polarity: Range: Amperes	
Metal Transfer Mode (GMAW or FCAW)		
Torch Shielding Gas	Type: Flow:	
Root Shielding Gas	<input type="checkbox"/> NA Type: Flow:	
Position(s)	Test Position(s) (1G, 2G, etc.):	Qualified Position(s) (F, H, V, O, or All)
Vertical Progression	<input type="checkbox"/> Uphill <input type="checkbox"/> Downhill	<input type="checkbox"/> Uphill <input type="checkbox"/> Downhill

* NOTE: Insert NA for Variables that are identified as Non-essential in the Code or Specification used for the Performance Qualification Test

MECHANICAL TEST RESULTS			
Type And Figure No.	Results	Type And Figure No.	Results
Guided mechanical Testing Conducted By:		Date:	
NONDESTRUCTIVE EXAMINATION RESULTS			
Radiographic Results:		Report No.	
Radiographic Testing Conducted By:			
Welding Witnessed By:		Visual Inspection: <input type="checkbox"/> Pass <input type="checkbox"/> Fail (reason)	
We certify that the statements in this record are correct and the test welds were prepared, welded and tested in accordance with the requirements of: AWS D1.1- , AWS B2.1- Other:			
Date Qualified:		ATF Name and Number: Signed By: CWI No.	