



CWI RE-EXAM INFORMATION

The CWI Re-Exam Application is to be used only by those individuals who have taken the AWS CWI examination, and whose score(s) did not qualify for the CWI level.

If you are taking the re-exam for CWI certification, you are required to successfully pass ALL (3) PARTS OF THE EXAMINATION – Part (A), Part (B) and Part (C). The re-exam must be taken WITHIN (1) year following the date of your INITIAL exam application, to keep your file current. AFTER (1) year following your INITIAL exam application, you will need to complete a new CWI/CWE Exam Application.

If your average for the three parts was 72% or greater, you may retest only on the part(s) failed for CWI certification. If the average is below 72%, a complete retest of all parts is required. You are permitted one retest without additional training within one year from the original test date. If additional retests are required, you may retest two more times for a maximum of three (3) retests with in three (3) years of the original test date. However, 40 hours of documented, additional training must be obtained for the second and third retests.

VISUAL ACUITY RECORD:

Your Visual Acuity Record that is currently in your certification file cannot be more than (7) months prior to the date of your re-exam. If it is beyond (7) months, you will be required to provide a new Visual Acuity Record.

RE-EXAM FEES:

Please refer to the enclosed re-exam application for all applicable fees. All checks and money orders are made payable to CASTI. Payment must accompany your application. No certification documentation will be released until payment has been fully satisfied.

PLEASE BE SURE TO VERIFY THE FOLLOWING BEFORE SUBMITTING YOUR APPLICATION:

- Check the appropriate box indicating the type of re-examination you are applying for.
- Complete the application (the address indicated on the application is where your documents will be mailed)
- Visual Acuity Record
- The application with payment must be received by CASTI by the application deadline. Please send the application to:

AWS Exam Administrator

Codes and Standards Training Institute (CASTI)
205 - 10544 106 Street NW
Edmonton, AB T5H 2X6
Canada

Please be advised that you will be notified three weeks AFTER the application deadline.

FXED AND EMAIL APPLICATIONS ARE NOT ACCEPTED.

If there are any questions or concerns regarding the CWI Re-Exam process, please feel free to contact CASTI at 780-424-2552.

SPECIAL NOTES:

- CASTI is not responsible for incomplete applications that do not meet the submission deadline.
- Please read and review our terms and policies carefully. There will be no exceptions.



CWI CERTIFICATION RE-EXAM APPLICATION

LAST NAME _____ FIRST NAME _____ MI _____

DATE OF BIRTH MM/DD/YY _____ SOCIAL INSURANCE NUMBER _____ PASSPORT NUMBER (OPTIONAL) _____

_____/_____/_____

COMPANY NAME (ONLY IF COMPANY ADDRESS IS YOUR MAILING ADDRESS)

ADDRESS _____ APT No. _____

CITY / PROVINCE / COUNTRY _____ POSTAL CODE _____

HOME TELEPHONE NUMBER _____ WORK TELEPHONE NUMBER _____ MOBILE NUMBER _____

E-MAIL ADDRESS _____

1. EXAM DATE AND LOCATION:

Exam Date: June 25, 2012

Submission Deadline: May 11, 2012

Location: Holiday Inn Express
10010 104 Street NW
Edmonton, AB T5J 0Z1
Canada

3. PLEASE CHECK THE APPROPRIATE:

Part A – Fundamental Part B - Practical

Part C – Code Application (check only one code subject)

D1.1 API-1104 D1.2 D15.1 D1.5

ASME VIII-1, ASME IX ASME IX, B31.1, B31.3

All parts: A, B, and C (check only one code subject)

D1.1 API-1104 D1.2 D15.1 D1.5

ASME VIII-1, ASME IX ASME IX, B31.1, B31.3

2. PLEASE COMPLETE THE FOLLOWING:

Date of original test: _____

Have you re-tested since then? No YES

Member account #: _____

Certification # (if applicable): _____

OFFICE USE ONLY

Account Number: _____

Date: _____ Amount \$: _____

4. METHOD OF PAYMENT (Payment must accompany this exam application):

Cheque or money order # _____

VISA MC Name on Card: _____

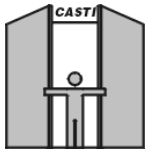
CC#: _____ / _____ / _____ / _____ Exp: _____ / _____

Signature: _____

CAWI / CWI Re-Examination Fee*:
All Parts: \$895 + GST
Each Part: \$375 + GST
* Payable in Canadian Funds.

Please make cheque or money order payable to:
Codes and Standards Training Institute
(GST Registration Number R132771981)

Applicant's Signature: _____ Date: _____



CASTI

205-10544-106 Street, Edmonton, AB T5H 2X6
Phone: 780-424-2552
E-mail: casti@casti.ca
Website: www.casti.ca



American Welding Society

VISUAL ACUITY RECORD

LAST NAME: _____ Certification # (if applicable): _____

FIRST NAME: _____ MEMBER # (if applicable): _____

If scheduled to take an AWS certification exam, site location: Edmonton, Alberta Date June 25, 2012

TO APPLICANTS:

This form must be submitted for all Welding Inspector and Radiographic Interpreter applications.

Before submitting this form with your application to CASTI, be sure to keep a copy for your records. AWS will not release exam results and/or certification renewal without a completed Visual Acuity Record on file.

You must use the services of an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician's Assistant to administer your required eye examination. The examination must occur within the seven months prior to the scheduled date of the applicant's examination and/or certification expiration date.

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12 in. or greater (≥30.5 cm). All applicants shall take a color perception test. Eye examination results must be documented on this visual acuity form supplied by the AWS Certification Department. No other forms will be accepted.

AWS will not accept visual acuity test results that are incomplete or do not comply with regulations.

THE FOLLOWING THREE SECTIONS ARE TO BE COMPLETED BY THE EYE EXAMINER

1. Please verify the customer's close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater (≥30.5 cm): (please check one of the following)

		AWS use only
<input type="checkbox"/>	Both eyes require corrected vision to J2.	W
<input type="checkbox"/>	Only one eye needs corrected vision to J2.	W
<input type="checkbox"/>	No correction is required.	O

2. Through a color perception examination, is the applicant colorblind? (please check one of the following)

		AWS use only
<input type="checkbox"/>	No, customer is not colorblind.	C
<input type="checkbox"/>	Yes, customer is colorblind.	B

3. PLEASE PRINT CLEARLY

CUSTOMER NAME: _____ DATE OF EYE EXAMINATION: _____

EXAMINER NAME: _____ TELEPHONE NUMBER: () _____ - _____

EXAMINER ADDRESS: _____

CITY: _____ PROV.: _____ P.C.: _____ COUNTRY: _____

EXAMINER PROFESSIONAL STATUS BY (please check only one):

Ophthalmologist Optometrist Medical Doctor Registered Nurse Certified Physician's Assistant

EXAMINER SIGNATURE: _____ PROV. LICENSE NUMBER: _____