



# CERTIFIED WELDING INSPECTOR RENEWAL APPLICATION (FOR 9-YEAR RECERTIFICATION BY PART B EXAM ONLY)

**APPLICANT INFORMATION:**

**LAST NAME**

**FIRST NAME** **MI**

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

**ADDRESS**

**CITY** **PROVINCE/STATE**

**COUNTRY** **POSTAL/ZIP CODE**

**DATE OF BIRTH (MM/DD/YY)** **HOME TELEPHONE NUMBER**

**YOUR AWS MEMBER #** **YOUR CERTIFICATION #** **WORK TELEPHONE NUMBER**

**E-MAIL ADDRESS** **FAX NUMBER**

**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

**AWS USE ONLY**

Account Number: \_\_\_\_\_

Date: \_\_\_\_\_

Amount \$: \_\_\_\_\_

**METHOD OF PAYMENT (Payment must accompany this application)**

<input type="checkbox"/> Cheque or money order # _____ <input type="checkbox"/> VISA <input type="checkbox"/> MC      Name on Card: _____ CC#: _____ / _____ / _____ / _____      Exp: _____ / _____  Signature: _____	9-Year SCWI / CWI Renewal Fee*: <b>\$700 + GST</b> * Payable in Canadian Funds.  Please make cheque or money order payable to: <b>Codes and Standards Training Institute</b> (GST Registration Number R132771981)
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LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ASSOCIATIONS		
TYPE OF BUSINESS CHECK ONE BOX	JOB CLASSIFICATION CHECK ONE BOX	YOUR TECHNICAL INTERESTS FILL IN ORDER OF PRIORITY (1, 2, 3, ETC.)
A <input type="checkbox"/> Contract construction B <input type="checkbox"/> Chemicals & allied products C <input type="checkbox"/> Petroleum & coal industries D <input type="checkbox"/> Primary metal industries E <input type="checkbox"/> Fabricated metal products F <input type="checkbox"/> Machinery except electrical (incl. gas welding) G <input type="checkbox"/> Electrical equipment supplies, electrodes H <input type="checkbox"/> Transport equipment - air, aerospace I <input type="checkbox"/> Transport equipment - automotive J <input type="checkbox"/> Transport equipment - boats, ships K <input type="checkbox"/> Transport equipment - railroad L <input type="checkbox"/> Utilities M <input type="checkbox"/> Welding distributorship & retail trade N <input type="checkbox"/> Misc. repair services (inc. welding shops) O <input type="checkbox"/> Education services (univ. libraries, schools) P <input type="checkbox"/> Engr. & architectural services (inc. assns.) Q <input type="checkbox"/> Misc. business services (inc. commercial labs) R <input type="checkbox"/> Governmental (federal, state, local) S <input type="checkbox"/> Other _____ T <input type="checkbox"/> Structural Steel Fab U <input type="checkbox"/> Misc Steel Fab V <input type="checkbox"/> Misc Matrl Fab W <input type="checkbox"/> Elct & Eltr Mac X <input type="checkbox"/> Meas & Anly Inst	1 <input type="checkbox"/> President, owner, partner, officer 2 <input type="checkbox"/> Manager, director, superintendent (or assistant) 3 <input type="checkbox"/> Sales 4 <input type="checkbox"/> Purchasing 5 <input type="checkbox"/> Engineer – welding 6 <input type="checkbox"/> Engineer – other 7 <input type="checkbox"/> Inspector, tester 8 <input type="checkbox"/> Supervisor, foreman 9 <input type="checkbox"/> Welder, welding or cutting operator 10 <input type="checkbox"/> Architect, designer 11 <input type="checkbox"/> Consultant 12 <input type="checkbox"/> Metallurgist 13 <input type="checkbox"/> Research & development 14 <input type="checkbox"/> Technician 15 <input type="checkbox"/> Educator 16 <input type="checkbox"/> Student 17 <input type="checkbox"/> Librarian 18 <input type="checkbox"/> Customer service 19 <input type="checkbox"/> Other _____ 20 <input type="checkbox"/> Engineer - Design 21 <input type="checkbox"/> Engineer - Manufacturing 22 <input type="checkbox"/> Quality Control	A <input type="checkbox"/> Robotics B <input type="checkbox"/> Computerization of Welding C <input type="checkbox"/> Ferrous metals D <input type="checkbox"/> Aluminum E <input type="checkbox"/> Nonferrous metals except aluminum F <input type="checkbox"/> Advanced materials/intermetallics G <input type="checkbox"/> Ceramics H <input type="checkbox"/> High energy beam processes I <input type="checkbox"/> Arc welding J <input type="checkbox"/> Brazing and soldering K <input type="checkbox"/> Resistance welding L <input type="checkbox"/> Thermal spraying M <input type="checkbox"/> Cutting N <input type="checkbox"/> NDT O <input type="checkbox"/> Safety & health P <input type="checkbox"/> Pipe & tubing Q <input type="checkbox"/> Pressure vessels & tanks R <input type="checkbox"/> Structures S <input type="checkbox"/> Roll forming T <input type="checkbox"/> Sheet Metal U <input type="checkbox"/> Stamping & punching V <input type="checkbox"/> Bending & shearing W <input type="checkbox"/> Aerospace X <input type="checkbox"/> Automotive Y <input type="checkbox"/> Machinery Z <input type="checkbox"/> Marine AA <input type="checkbox"/> Other BB <input type="checkbox"/> Automation

**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.*
- AWS may send a renewal notice, but if not received, it remains the responsibility of the SCWI/CWI to renew on time.
  - o SCWI/CWI not meeting the requirements of 15.4 from AWS QC1:2007 may renew by taking the CWI part B Practical exam and meet the scoring requirements of 6.2.2 of QC1:2007.
- SCWI/CWI certification renewals are limited to two consecutive three-year periods.

**(REPRODUCE THIS FORM AS NECESSARY TO RECORD THE CLAIMED EXPERIENCE.)**

**QUALIFYING WORK EXPERIENCE – RESUMES NOT ACCEPTED**

**\*\* NOTE: PLEASE DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE QUALIFYING WORK EXPERIENCE REQUIREMENTS FOR CWI/CAWI ELIGIBILITY.**

\_\_\_\_\_ I understand that all work experience documented on this application may be verified with both past and present employers.  
(Initials)

Company Name		Type of Business	Company Phone Number	
Company Street Address			City, Province, Postal Code	
Supervisor's Name			Title of Immediate Supervisor	
Supervisor's Email Address			Department	
Applicant's Job Title		Employed From: (Mo.) (Yr.)	To: (Mo.) (Yr.)	
Job Responsibilities – Detailed Description Required				

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

**NOTARIZATION**

(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 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 only. I further understand that any required information that is incomplete or missing will cancel this registration.

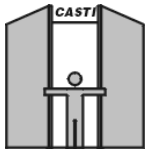
**Furthermore, I certify that I have not obtained any exam materials, have no prior knowledge of the AWS exam questions or answers, and have not and will not accept any solicitation for the AWS exam questions or answers from anyone at any time before or after the exam. I understand that a violation of this oath may be grounds for invalidation of my certification.**

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

**THE FOLLOWING IS TO BE COMPLETED BY THE NOTARY PUBLIC**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

My commission expires \_\_\_\_\_ Notary Public Signature \_\_\_\_\_ *(seal and/or stamp is REQUIRED)*



**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: \_\_\_\_\_