



Faxed or emailed applications are NOT accepted

Form with fields for LAST NAME, FIRST NAME, MI, ADDRESS, ADDRESS CONT'D, CITY AND STATE, ZIP CODE, U.S. SOCIAL SECURITY NUMBER, DATE OF BIRTH, HOME TELEPHONE NUMBER, MOBILE TELEPHONE NUMBER, and E-MAIL.

METHOD OF PAYMENT section including Payment must accompany your application, checkboxes for VISA, MC, AMEX, Diners, Discover, Credit Card #, Expiration Date, Signature, and AWS USE ONLY section with Date, Acc't #, and Amt \$ CRI.

AWS CERTIFICATION STATUS

AWS MEMBER NO. _____

Exam Fees - Please visit our website http://www.aws.org/certification/pricelist/

AWS Seminar/Exam Schedule - Please visit our website http://www.aws.org/certification/seminarexam/

PLEASE INDICATE THE FOLLOWING: SEMINAR AND EXAM EXAM ONLY SEMINAR ONLY

Form with fields for 1st, 2nd, and 3rd Site Code, Exam Date, City/State, and Submission Deadline.

NOTE: AWS strongly recommends that the applicant select a second and third site location alternative. If the first choice is not available, the next location will be selected. *The application submission deadline is six (6) weeks prior to the scheduled exam date. Applications that do not meet this criteria will be assessed a \$250 Fast Track fee to expedite the process and to accommodate the exam site requested. Please contact the Certification Department regarding this procedure.

ASSOCIATIONS

Large form with three columns: Type of Business (check only ONE), Job Classification (check only ONE), and Technical Interests (check ALL that apply).

Name _____

Account No. _____

EDUCATION, TRAINING, AND EXPERIENCE RECORDS

I. EDUCATION RECORDS

Applicants shall have at least a valid High School Diploma or General Equivalency Diploma (GED)

You must attach documentation for your highest level of education achievement. Copies of diplomas or transcripts are acceptable. All documentation must be in English or accompanied by an English translation.

Highest Level of Educational Achievement

Institution where your highest level of education was obtained as it relates to your AWS RI certification

High School or GED

Institution _____

2-or more years of College

Address _____

2-year Technical/College Degree

4-year College Degree

Major Course of Study _____

Graduate Degree

Degree _____

II. TRAINING RECORDS

Applicants shall have a minimum of 40 hours organized training in radiographic interpretation covering the body of knowledge described in Section 9 of AWS B5.15.

You must attach documentation of the minimum amount of training required. Acceptable documentation includes copies of training certificates, letters of completion, or company training records. A signed statement attesting to completion of training from a company executive, an individual responsible for training, an AWS Senior Certified Welding Inspector (SCWI) an ASNT Level III, or an ACCP Professional Level III. Documentation of training not sponsored or pre-approved by AWS must include a course syllabus. All documentation must be in English or accompanied by an English translation.

Note. This application will be processed only if the candidate is scheduled to attend AWS approved RI training prior to the examination date or has submitted acceptable training documentation.

Describe Documentation Attached _____

Date AWS RI Training Scheduled _____ Location _____

Name _____

Account No. _____

III. EXPERIENCE RECORDS

Applicants shall have a minimum of twelve (12) months experience or alternative credit for experience (6 months maximum) in radiographic interpretation.

Radiographic interpretation experience must be as an employer or centrally (nationally) radiographic interpreter or otherwise under the direct supervision of such individuals. Experience gained working on projects involving the major welding codes (D1.1, ASME, API, etc.) would generally require direct supervision by such properly certified individuals and therefore may be used.

Please indicate your experience below and have it verified by someone knowledgeable in your activities.

Duplicate this section as needed to provide additional information for each one of your employers in order to meet the months of experience claimed.

Please fill in the following records to indicate your most recent work experience(s). Experience in excess of the requirements does not have to be indicated. If you are self-employed, your client may sign the records.

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

A. EMPLOYER (PLEASE PRINT OR TYPE)

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor/Employer Contact: _____

Telephone: _____

Fax Number: _____

E-mail Address: _____

For this company, I performed radiographic interpretation of welds on the below projects:

B.		From	Mo.	Yr.	To	Mo.	Yr.
Project Name	_____						
List applicable codes (ASME, API AWS)	_____						

I verify that _____, is employed by this company and was involved in radiographic interpretation related activities during the employment period(s) indicated on this application.
Print or type name of applicant

My name is _____ My job title is _____

Signature _____ Date _____

Total months of RI experience claimed _____

Note: There must be twelve (12) months of actual RI experience documented. If not, you have the opportunity to provide alternative credit for experience gained by completing the following section IV.

IV. ALTERNATIVE CREDIT FOR EXPERIENCE

(Only complete this section if the required twelve (12) months of actual RI experience was not met in section III. You may substitute education, NDE experience, or teaching for RI experience. AWS CWIs can receive six (6) months of experience credit.)

IV.A EDUCATION AS EXPERIENCE SUBSTITUTION

Every month for a maximum of six (6) months of post high school NDE or weld inspection education may be substituted for an equal number of months of radiographic interpretation experience.

You must attach documentation of post high school NDE or weld inspection education. Acceptable documentation includes copies of diplomas, transcripts, training certificates, letters of completion, or company training records. Also acceptable are signed statements attesting to completion of training from a company executive, an individual responsible for training, an AWS Senior Certified Welding Inspector (SCWI) an ASNT Level III, or an ACCP Professional Level III. Documentation of training not sponsored or approved by AWS must include a course syllabus. All documentation must be in English or accompanied by an English translation.

Describe Documentation Attached _____

Total Number of Months Education _____ (A)
Not to exceed six (6) months

IV.B OTHER WELDING INSPECTION METHODS EXPERIENCE SUBSTITUTION

Every four (4) months of experience as an employer certified or centrally (nationally) certified weld inspector using NDE methods other than radiography may be substituted for one (1) month RI experience for a total not to exceed six (6) months. e.g., twenty-four (24) months experience as an AWS CWI, ACCP PT, ACCP UT, etc., may be substituted for six (6) months experience as an RI

If you are not an AWS CWI, then you must attach documentation of your certifications in other weld inspection methods. Acceptable documentation includes copies of employer NDE certifications, ACCP certifications, etc. All documentation must be in English or accompanied by an English translation.

Automatic Experience Credit as an AWS CWI (if applicable) _____ 6 _____ (B)

Number of Months NDE Experience Other Than CWI _____ Credit: (÷ 4 =) _____ (C)
Not to exceed six (6) months

Describe Documentation Attached _____

Total Number of Months Experience in Other Welding Inspection Methods _____ Credit: (B + C) _____

IV.C NDE TEACHING EXPERIENCE SUBSTITUTION

Every four (4) months of NDE weld inspection teaching experience may be substituted for one (1) month RI experience for a total not to exceed six (6) months.

You must attach a signed statement from the organization employing your services as a teacher. The statement must include a description of the subject matter taught.

Describe Documentation Attached _____

Total Number of Months Teaching _____ Credit: (÷ 4 =) _____ (D)
Not to exceed six (6) months

V. TOTAL EXPERIENCE WORKSHEET:

Actual RI experience (from section III)	_____
Credit for education received (from section IV.A)	_____
Credit for CWI and NDE experience (from section IV.B)	_____
Credit for NDE Teaching (from section IV.C)	_____
Total experience	_____

Name _____

Account No. _____

VISUAL ACUITY

All applicants must submit evidence of visual acuity as noted on a completed AWS Visual Acuity Form that must be attached to this application dated no more than seven (7) months prior to the date of the certification examinations. To download a copy of the form, please visit our website <http://www.aws.org/certification/docs/VisualAcuityRecord.pdf>.

PHOTOGRAPHIC IDENTIFICATION

Applicants for the AWS Radiographic Interpreter certification must submit two (2) passport-style color photographs stapled to this application. Please print and sign your name on the reverse of each photograph.

NOTARIZATION

All applicants must complete this section.

I hereby certify that I have read the requirements contained in the AWS B5.15:2003, *Specification for the Qualification of Radiographic Interpreters*. Further, I agree to comply with the existing requirements and any subsequent requirements, which may be instituted by AWS. I certify that the information I have included on this application is true; I understand that any false statement will nullify this application; I give permission to AWS to verify this information.

AWS Policies and Fees - Please visit our website <http://www.aws.org/certification/policiesfees/>

Signature: _____ Date: _____

Sworn to and subscribed before, this _____ day of _____ of year _____

My commission expires _____ Notary Public _____

Signature _____