



# Certified Welding Inspector and Certified Welding Educator Combo Program

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# American Welding Society

550 NW LeJeune Rd Miami, FL 33126  
(800) 443-9353 or (305) 443-9353, ext. 273

FAXED OR EMAILED APPLICATIONS ARE NOT ACCEPTED

# WELDING INSPECTOR EXAM APPLICATION

LAST NAME										FIRST NAME										MI	

## 1. PLEASE INDICATE THE EXAM LOCATION OF YOUR CHOICE:

PLEASE ALLOW 3-4 WEEKS PROCESS TIME. CONFIRMATION LETTERS WILL BE EMAILED UNLESS EMAIL ADDRESS IS NOT INDICATED IN SECTION 6.

1<sup>st</sup> Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ \*Submission Deadline: \_\_\_\_\_

2<sup>nd</sup> Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ \*Submission Deadline: \_\_\_\_\_

3<sup>rd</sup> Site Code: \_\_\_\_\_ Exam Date: \_\_\_\_\_ City/State: \_\_\_\_\_ \*Submission Deadline: \_\_\_\_\_

**NOTE:** AWS strongly recommends the applicant selects 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 weeks prior to the scheduled exam date (please see exam schedule for submission deadlines). Applicants who do not meet these criteria must contact the Certification Department for Fast Track processing procedure and an additional fee will apply.

## 2. PLEASE CHECK AND COMPLETE THE FOLLOWING:

- ☐ CAWI (only) ☐ CWI (only) ☐ CWE (only)
- ☐ CWI and CWE combo ☐ SCWI (only)

YOUR AWS MEMBER # (IF APPLICABLE) \_\_\_\_\_

Are you employed by an AWS SENSE program participating organization? ☐ No ☐ YES

If yes, the Facility name: \_\_\_\_\_

## 3. PLEASE SELECT ONE OF THE FOLLOWING FOR YOUR CODE APPLICATION TEST SUBJECT:

- ☐ AWS D1.1 – Structural Steel Code: 2006, 2008, or 2010 editions
- ☐ API-1104 – Pipelines 20<sup>th</sup> edition with 2007 errata/addenda  
\*Applicant must provide own codebook for the exam.
- ☐ AWS D1.2 – Structural Aluminum Code: 2003 or 2008 edition  
\*Code Clinic not available. Applicant must provide own codebook for the exam.
- ☐ AWS D1.5 – Bridge Welding Code: 2008 edition  
\*Code Clinic not available. Applicant must provide own codebook for the exam.
- ☐ AWS D15.1 – Railroad: 2007 edition  
\*Code Clinic not available. Applicant must provide own codebook for the exam.
- ☐ ASME Sections VIII (Div 1) & IX, (both 2007 editions)  
\*Code Clinic not available. Applicant must provide own codebook for the exam.
- ☐ ASME Section IX, B31.1 (both 2007 editions), and B31.3 (2006 edition)  
\*Code Clinic not available. Applicant must provide own codebook for the exam.

\* SCWI APPLICANTS ONLY \*

- ☐ AWS B2.1:2005 or 2009; AWS B4.0:2007; AWS QC1:2007; and ASNT SNT-TC-1A:2006 editions only

OPEN BOOK FORMAT

## 4. PLEASE INDICATE THE FOLLOWING AWS SEMINAR OF YOUR CHOICE OR CHOOSE "NONE" BELOW:

(only for CAWI, CWI and CWE applicants)

### ☐ D1.1 SEMINAR WEEK PAK

(codebook included)

1. D1.1 Code Clinic  
(Sun, 1 PM – 5 PM & Mon, 8 AM - 12 Noon)
2. Welding Inspection Technology Workshop  
(Tues – Thurs, 8 AM – 5 PM)
3. Visual Inspection Workshop (Fri, 8 AM – 5 PM)
4. Certification Exam (Sat, 8 AM – 5 PM)

### ☐ API 1104 SEMINAR WEEK PAK

(codebook not included)

1. API 1104 Code Clinic  
(Mon. 1 PM – 5 PM)
2. Welding Inspection Technology Workshop  
(Tues – Thurs, 8 AM – 5 PM)
3. Visual Inspection Workshop (Fri, 8 AM – 5 PM)
4. Certification Exam (Sat, 8 AM – 5 PM)

## FOR INDIVIDUAL CODE CLINICS/WORKSHOPS:

- ☐ D1.1 Code Clinic (code book not supplied)
- ☐ API-1104 Code Clinic (code book not supplied)
- ☐ Welding Inspection Technology Workshop
- ☐ Visual Inspection Workshop

### ☐ NONE / EXAMINATION ONLY

## 5. METHOD OF PAYMENT- ALL CHECKS AND MONEY ORDERS SHOULD BE MADE PAYABLE TO AWS. PAYMENT MUST ACCOMPANY YOUR APPLICATION.

## AWS USE ONLY

- ☐ Bill Me or PO (Staple PO to front page of application)
- ☐ Check or money order # \_\_\_\_\_
- ☐ VISA ☐ MC ☐ AMEX ☐ Diners ☐ Discover

CC#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Acct #: \_\_\_\_\_

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

Amt\$: \_\_\_\_\_

QCA/CWE/QCH/QC-COMBO

**FIRST NAME:**

## ADDRESS

[illegible]

**APT No.**

[illegible]**ZIP CODE**[illegible]

MOBILE TELEPHONE NUMBER

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[illegible]

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**U.S. SOCIAL SECURITY NUMBER**

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X	X	X		X	X				
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[illegible]

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	01. <input type="checkbox"/> President, owner, partner, officer	1. ____ Robotics
B. <input type="checkbox"/> Chemicals, Allied Products	02. <input type="checkbox"/> Manager, director, superintendent	2. ____ Computerization of Welding
C. <input type="checkbox"/> Petroleum & Coal Industries	03. <input type="checkbox"/> Sales	A. ____ Ferrous metals
D. <input type="checkbox"/> Primary Metal Industries	04. <input type="checkbox"/> Purchasing	B. ____ Aluminum
E. <input type="checkbox"/> Fabricated Metal Products	05. <input type="checkbox"/> Engineer – welding	C. ____ Nonferrous metals except aluminum
F. <input type="checkbox"/> Machinery except electrical	06. <input type="checkbox"/> Engineer – other	D. ____ Advanced materials, intermetallics
G. <input type="checkbox"/> Electrical equipment, supplies, electrodes	07. <input type="checkbox"/> Inspector, tester	E. ____ Ceramics
H. <input type="checkbox"/> Transport equipment, air, aerospace	08. <input type="checkbox"/> Supervisor, foreman	F. ____ High energy beam processes
I. <input type="checkbox"/> Transport equipment, automotive	09. <input type="checkbox"/> Welder, welding or cutting operator	G. ____ Arc Welding
J. <input type="checkbox"/> Transport equipment, boats, ships	10. <input type="checkbox"/> Architect, designer	H. ____ Brazing and soldering
K. <input type="checkbox"/> Transport equipment, railroad	11. <input type="checkbox"/> Consultant	I. ____ Resistance welding
L. <input type="checkbox"/> Utilities	12. <input type="checkbox"/> Metallurgist	J. ____ Thermal spraying
M. <input type="checkbox"/> Welding distributorship & retail trade	13. <input type="checkbox"/> Research and development	K. ____ Cutting
N. <input type="checkbox"/> Misc. repair services inc. welding	14. <input type="checkbox"/> Technician	L. ____ NDE
O. <input type="checkbox"/> Education services inc. schools, libraries	15. <input type="checkbox"/> Educator	M. ____ Safety and health
P. <input type="checkbox"/> Engineering & architectural services	16. <input type="checkbox"/> Student	N. ____ Bending and shearing
Q. <input type="checkbox"/> Misc. business services inc. laboratories	17. <input type="checkbox"/> Librarian	O. ____ Roll forming
R. <input type="checkbox"/> Governmental (federal, state, local)	18. <input type="checkbox"/> Customer service	P. ____ Stamping and punching
S. <input type="checkbox"/> Other	19. <input type="checkbox"/> Other	Q. ____ Aerospace
T. <input type="checkbox"/> Structural Steel Fab	20. <input type="checkbox"/> Engineer- Design	R. ____ Automotive
U. <input type="checkbox"/> Misc Steel Fab	21. <input type="checkbox"/> Engineer- Manufacturing	S. ____ Machinery
V. <input type="checkbox"/> Misc Mtrl Fab	22. <input type="checkbox"/> Quality Control	T. ____ Marine
W. <input type="checkbox"/> Elct & Eltr Mac		U. ____ Piping and tubing
X. <input type="checkbox"/> Meas & Anly Inst		V. ____ Pressure vessels and tanks
		W. ____ Sheet Metal
		X. ____ Structures
		Y. ____ Other
		Z. ____ Automation

LAST NAME:

FIRST NAME:

**8. EDUCATION LEVEL****CWI, CAWI, CWE APPLICANTS ONLY****PLEASE CHECK THE APPROPRIATE BOX BELOW :**☐ **High school graduate or achieved GED certificate.**CWI and CWE applicants must document five (5) years and CAWI applicants must document two (2) years of work experience in the Qualifying Work Experience Section below. *(Please refer to the AWS B5.1)*☐ **Did not graduate high school, but completed the 8<sup>th</sup> grade.**CWI and CWE applicants must document nine (9) years and CAWI applicants must document four (4) years of work experience in the Qualifying Work Experience Section below. *(Please refer to the AWS B5.1)*☐ **Did not complete the 8<sup>th</sup> grade.**CWI and CWE applicants must document twelve (12) years and CAWI applicants must document six (6) years of work experience in the Qualifying Work Experience Section below. *(Please refer to the AWS B5.1)*

**Note to CWE applicants:** Applicants applying for the CWE examination must be a high school graduate or achieved a GED certificate along with the five years of work experience. You shall also complete the CWE Welding Instructor Credentials Form or submit a written verification letter signed by your teaching supervisor / personnel manager. In addition, a copy of a valid AWS Certified Welder ID/Certification card or test record of passing a valid AWS Certified Welder test for the welding process to be taught. For further information regarding the CWE program, please refer to the QC5-91

**SCWI APPLICANTS ONLY****PLEASE BE SURE TO MEET THE FOLLOWING REQUIREMENTS:**☐ High school graduate or hold a state or military approved high school equivalency diploma. *(Please refer to the AWS B5.1)*☐ Minimum of fifteen (15) years experience in an occupational function that has a direct relationship to welded assemblies fabricated to national or international standards. *(Please refer to the AWS B5.5)*☐ Shall have been certified as a CWI for a minimum of six (6) years.**9. ADDITIONAL EDUCATION AND EXPERIENCE: A maximum of two (2) years of post high school education may be substituted for an equal number of years of work experience according to 5.5 of AWS B5.1**☐ VoTech credits - **MUST** attach transcripts of welding related courses or diploma

Circle no. of years attended

0 1 2 3 4

**Maximum** one (1) year work substitution credit *only* if courses completed and *within* a curriculum related to welding.☐ College credits - **MUST** attach transcripts of engineering-level courses or diploma

Circle no. of years attended

0 1 2 3 4

**Maximum** two (2) years work substitution credit *only* if the degree is in engineering technology, engineering, or physical science**10. QUALIFYING WORK EXPERIENCE: RESUMES NOT ACCEPTED. THIS SECTION MUST BE COMPLETED.**

**\*\* NOTE: PLEASE DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE QUALIFYING WORK EXPERIENCE REQUIREMENTS FOR CWI/CAWI/CWE/SCWI 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, State, Zip 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:

## 11. EMPLOYMENT VERIFICATION

**\*\* NOTE: THIS SECTION MUST TO BE COMPLETED BY A SUPERVISOR OR PERSONNEL MANAGER FROM THE MOST RECENT EMPLOYER. IF SELF-EMPLOYED OR CONTRACT APPLICANT YOU MUST SUBSTITUTE THIS SECTION WITH A LETTER OF REFERENCE ON COMPANY LETTERHEAD FROM TWO (2) SEPARATE CLIENTS ATTESTING TO THE NATURE OF WORK ASSIGNMENTS DURING THE PERIOD OF PERFORMANCE.**

**IF THE EMPLOYER IS NO LONGER IN BUSINESS, PLEASE INCLUDE A COPY OF THE W2 FORM.**

Employee's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Supervisor / Personnel Manager: \_\_\_\_\_ Dept/Div: \_\_\_\_\_

Supervisor / Personnel Manager's Email: \_\_\_\_\_

You verify that \_\_\_\_\_ is or was an employee at your company and conducts the duties during the employment periods stated in this application? ☐ No ☐ YES

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

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

## 12. TESTIMONIAL: (this section MUST be completed or application will be rejected)

### CERTIFICATION PROGRAMS

- ☐ Certified Welding Inspector                      ☐ Senior Certified Welding Inspector                      ☐ 9-Yr Re-Certification  
QC1:2007 Standard for the AWS Certification of Welding Inspectors & B5.1:2003 Specification for the Qualification of Welding Inspectors
- ☐ Certified Welding Educator  
QC5:1991 AWS Standard for the Certification of Welding Educators & B5.5:2000 Specification for the Qualification of Welding Educators
- ☐ Certified Welding Supervisor  
QC13:2006 Specification for the Certification of Welding Supervisors & B5.9:2006 Specification for the Qualification of Welding Supervisors
- ☐ Certified Radiographic Interpreter  
QC15:2008 Specification for the Certification of Radiographic Interpreters & B5.15:2003 Specification for the Qualification of Radiographic Interpreters
- ☐ Certified Welding Sales Representative  
B5.14:2009 Specification for the Qualification of Welding Sales Representative & QC14:2009 Specification for the Certification of Welding Sales Representative

(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 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 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**)



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# VISUAL ACUITY RECORD

LAST NAME : \_\_\_\_\_ Certification # (if applicable) : \_\_\_\_\_

FIRST NAME : \_\_\_\_\_ MEMBER # (if applicable) : \_\_\_\_\_

If scheduled to take an AWS certification exam, site location: \_\_\_\_\_ Date: \_\_\_\_\_

### TO APPLICANTS:

This form must be submitted for all Welding Inspector and Radiographic Interpreter applications. Applicants for the Certified Welding Educator **only** are not required to complete this form.

Before submitting this form with your application to AWS, be sure to keep a copy for your records. If you're unable to supply a completed Visual Acuity Record with your application prior to submission deadline, you may forward this form to the Certification Department separately. Exam applicants may submit completed Visual Acuity Records on exam day. 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 ( $\geq 30.5$  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 ( $\geq 30.5$ 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: \_\_\_\_\_ ST/PROVINCE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

EXAMINER PROFESSIONAL STATUS BY (please check only one):

☐ Ophthalmologist ☐ Optometrist ☐ Medical Doctor ☐ Registered Nurse ☐ Certified Physician's Assistant

EXAMINER SIGNATURE: \_\_\_\_\_ STATE/PROV. LICENSE NUMBER: \_\_\_\_\_



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# CWE WELDING INSTRUCTOR CREDENTIALS

**CWE APPLICANTS:** PLEASE HAVE THIS FORM COMPLETED BY YOUR TEACHING SUPERVISOR OR PERSONNEL MANAGER WHICH MAY BE SUBSTITUTED WITH A WRITTEN VERIFICATION LETTER SIGNED. ALSO, A COPY OF A VALID AWS CERTIFIED WELDER ID/CERTIFICATION CARD OR ITS EQUAL, OR SHALL PASS A VALID AWS CERTIFIED WELDER TEST, FOR THE WELDING PROCESS TO BE TAUGHT MUST ACCOMPANY THIS FORM FOR NEW CWE APPLICANTS.

Name of Applicant: \_\_\_\_\_

CHECK: ☐ University ☐ 4-YR College ☐ 2-YR College ☐ Vo-Tech ☐ High School ☐ Private or Union ☐ Company

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

Institution Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

## A. STATEMENT OF INSTRUCTIONAL METHODS REQUIRED AT THIS INSTITUTION

List the subjects/processes that you teach at your institution/company. For each subject/process, provide information on the duration of training and how much time is spent between classroom and laboratory. Describe how students in your courses are evaluated and what documentation is furnished to track the completion of instruction at your institution. Also describe how you as an instructor are evaluated.

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## B. CONFIRMATION OF INSTRUCTIONAL METHOD DELIVERY

The applicant's administrator, direct supervisor or personnel manager shall provide a brief statement attesting to the accuracy of the above description of the applicant's performance as a welding educator, followed by a formal recommendation for certification as an AWS Certified Welding Educator.

**\*\* NOTE:** SELF-EMPLOYED OR CONTRACT APPLICANTS, IN LIEU OF THIS SECTION, MUST PROVIDE TWO LETTERS OF REFERENCE ON COMPANY LETTERHEAD FROM SEPARATE CLIENTS, ATTESTING TO THE NATURE OF WORK ASSIGNMENTS DURING THE PERIOD OF PERFORMANCE. IF THE EMPLOYER IS NO LONGER IN BUSINESS, PLEASE INCLUDE A COPY OF THE W2 FORM.

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I recommend that \_\_\_\_\_ be recognized for certification as an AWS Certified Welding Educator.

NAME (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

# BODY OF KNOWLEDGE

## AWS Certified Welding Inspector

The following is an **approximate** breakdown of the examination categories and the number of questions drawn from each subject area.

PART A: FUNDAMENTALS	
Subject	Percentage
Welding Processes	10%
Heat Control & Metallurgy (carbon and low-alloy steel)	6%
Weld Examination	9%
Welding Performance	9%
Definitions and Terminology	12%
Symbols – Welding and NDE	10%
Test Methods – NDE	8%
Reports and Records	6%
Duties and Responsibilities	4%
Safety	5%
Destructive Tests	4%
Cutting	3%
Brazing	2%
Soldering	1%

PART B: PRACTICAL	
Subject	Percentage
Procedure and Welder Qualifications	30%
Mechanical Test and Properties	10%
Welding Inspection and Flaws	36%
NDE	10%
Utilization of Specification and Drawings	10%

PART C: CODE APPLICATIONS	
Subject	Percentage
Materials and Design	10%
Fabrication	30%
Inspection	25%
Qualification	30%

### **AWS – RECOMMENDED SELF-STUDY** **Examination Preparatory Material**

**Note:** D1.1:2006 or 2008 editions may be used as study material.

AWS PUBLICATIONS	ORDER NUMBER
<i>Certification Manual for Welding Inspectors</i>	CM: 2000
<i>Welding Inspection Handbook</i>	WI: 2000
* <i>D1.1/D1.1M Structural Welding Code-Steel</i>	D1.1/D1.1M: 2008
* <i>D1.1 Code Clinic Reference Manual</i>	D1.1CCRM: 2008
* <i>API 1104 Study Guide for API Standard 1104 Welding of Pipelines</i>	API-M: 2008
* <i>Welding Inspection Technology</i>	WIT-T: 2008
* <i>Welding Inspection Technology (Workbook)</i>	WIT-W: 2008
* <i>Welding Inspection Technology Sample CWI Fundamentals Exam</i>	WIT-E: 2008
* <i>Standard Welding Terms and Definitions</i>	A3.OM/A3.0:2010
* <i>Standard Welding Symbols</i>	A2.4: 2007
* <i>Visual Inspection Workshop Reference Manual</i>	VIW-M: 2008
* <i>Guide for the Nondestructive Examination of Welds</i>	B1.10M/B1.10:2009
* <i>Specification for the Qualification of Welding Inspectors (errata 2007)</i>	B5.1: 2003
❖ <b>Books are provided to participants at the AWS Seminars</b>	

CODE SUBJECTS AVAILABLE	
AWS D1.1- Structural Steel Code: 2006 or 2008 edition	
* API 1104- Pipelines 20 <sup>th</sup> edition with 2007 errata/addenda	
** AWS D1.2- Structural Aluminum Code: 2003 or 2008 edition	
** ASME Section IX (2007 edition), B31.1 (2007 edition), & B31.3 (2006 edition)	
** AWS D15.1 - Railroad: 2007 edition	
** ASME Sections VIII (Div 1) & IX, (both 2007 editions)	
** AWS D1.5- Bridge Welding Code: 2008 edition	

\* Applicant **must** provide own codebook for the exam.

\*\* Code Clinic not available. Applicant **must** provide own codebook for the exam.

OTHER RECOMMENDATIONS	ORDER NUMBER
AWS Welding Handbook Series	WHB-ALL
Guide for the Visual Examination of Welds	B1.11: 2000
Safety in Welding, Cutting and Allied Processes	ANSI Z49.1: 2005

### **TO PURCHASE ANY OF THE AWS PUBLICATIONS OR THE API1104 CODEBOOK:**

- ❑ Contact WEX at 888-WELDING or 305-824-1177
- ❑ Or visit the website at [www.awspubs.com](http://www.awspubs.com)