



American Welding Society®

Visual Weld Inspection Competition Application

AWS Certification/Identification Number

If you have previously been given an AWS Identification Number, please enter in this box:

Contact Information

Primary E-mail Address: _____

You must provide your e-mail address to apply for the competition. This must belong to you and cannot be a shared e-mail address. It will be used for all AWS communications.

Name: Print your name. Your name should match your identification.

First (Given) Name Middle (Additional) Name Last Name (Family Name/Surname) Suffix (Jr, Sr, II)

Address: Print your mailing address.

Address Type: Home Business

Address

City State/Province ZIP/Postal Code Country

Primary Phone Alternate Phone Alternate E-mail Address

VT Competition Level:

Choose the appropriate competition level.

- AWS Certified Weld Inspector – Proficient in visual weld inspection.
- AWS Senior Certified Weld Inspector - Proficient in visual weld inspection



American Welding Society®

Current Employer:

Dates of Employment:

_____ Start Date

_____ End Date

_____ Total Time (Months)

Organization Name

Employer/Customer Contact Name

Organization Address

City

_____ State/Province

_____ ZIP/Postal Code

_____ Country

Phone

_____ Fax

_____ E-mail

Other Certifications (internal & external): _____

Submit Application

Application: Fill out the application form in its entirety and email to ncarter@aws.org Incomplete applications will not be processed.

Email any questions to ncarter@aws.org

Please do not submit your application more than once.