



American Welding Society
 8669 NW 36 St, # 130 Miami, FL 33166-6672
 (800) 443-9353 or (305) 443-9353, Option 3
 Email: cw@aws.org

MAINTENANCE OF WELDER CERTIFICATION FORM

Welder Certification Number **W**

Welder Expiration Date (MM/DD/YY) ___ / ___ / ___

PERSONAL INFORMATION

| | | |
|-----------|------------|----|
| Last Name | First Name | MI |
|-----------|------------|----|

| | | |
|----------------|--|--|
| Email Address: | Date of Birth (MM/DD/YYYY) ___ / ___ / ___ | Social Security No. (last 4 only) XXX-XX- ___ |
|----------------|--|--|

Check one: Home Address Business Address (indicate company name below, if applicable)
 Address (welder card will be sent to the address indicated on this form. Make sure to indicate Apt. / Suite # for the address indicated.)

| | | | |
|------|-------|------------------|----------|
| City | State | Province/Country | Zip Code |
|------|-------|------------------|----------|

| | | |
|---------------------------------------|---------------------------------------|---|
| Home Telephone Number ___ / ___ / ___ | Work Telephone Number ___ / ___ / ___ | Mobile Telephone Number ___ / ___ / ___ |
|---------------------------------------|---------------------------------------|---|

VERIFICATION OF CONTINUITY

Enter the date you most recently used the process you would like to maintain (MM/DD/YY).
 The date the process was last used must fall within 6 months prior to your certification expiration date to show continuity.

SMAW ___ / ___ / ___ GMAW ___ / ___ / ___ FCAW ___ / ___ / ___ GTAW ___ / ___ / ___ Other: ___ / ___ / ___

The following section must be completed by the: Employer / Supervisor / Customer / Accredited Test Facility (please circle one)
 Signature certifies that the above-named welder used the welding process(es) on the dates indicated.

| | |
|-------------|--------|
| Print Name: | Title: |
|-------------|--------|

| | |
|----------|------------------------|
| Company: | Phone: ___ / ___ / ___ |
|----------|------------------------|

| | |
|------------|-----------------------|
| Signature: | Date: ___ / ___ / ___ |
|------------|-----------------------|

RENEWAL REQUIREMENTS

A 60-day administrative extension period is allowed. During this time your certification will be considered expired. If the Maintenance Form is received within the administrative extension period, and the renewal requirements have been met, your certification will be renewed from the date of its expiration. An additional late fee of \$50 will be assessed if the Maintenance is submitted after the expiration day and between the administrative extension period.

- For example:
1. Certification issued, June 1, 2020
 2. Certification expires, December 1, 2020
 3. Administrative extension period, December 1, 2020 to February 1, 2021.
 4. After February 1, 2021, welder must test again, to regain certification.

IMPORTANT CERTIFICATION INFORMATION

Certifications in accordance with Supplement C or D9.1 for the Sheet Metal Welding Code require maintenance every 12 months. Certifications in accordance with D1.1 and most other codes require maintenance every 6 months. Check the requirements of the standard that governs your certification to ensure that maintenance is received by AWS at the proper intervals. **Failure to include information on this application may result in processing delays or in the expiration of your certification. Falsification/forgery of any information contained in this form may result in loss of certification with AWS.**

Please note that the processing window to review your form and distribute the credentials is 4-6 weeks from the date of submission. If interested in checking the status of your certification **please** utilize the online Certification Quick Check feature within the following link:
<https://www.aws.org/certification/page/aws-national-registry-of-certified-welders>

- Submit your maintenance form one of the following ways:
1. **Check or Money Order:** Mail the form(s), along with payment to AWS, 8669 NW 36th Street # 130, Miami, Florida 33166-6672
 Note: It is recommended that you mail the form with tracking for proof of submission.
 2. **Credit Card:** E-mail the form(s), along with credit card information to cw@aws.org.

APPLICATION FEES (PLEASE CHECK FEES THAT APPLY. REFER TO RENEWAL INFORMATION ABOVE.)

\$25 Welder Renewal Fee or \$75 Welder Renewal Fee (\$25) + Additional Late Renewal Fee (\$50)

| Method of Payment (Payment must accompany this application) | AWS USE ONLY |
|---|--------------|
|---|--------------|

| | |
|---|--|
| <p>All checks and money orders made payable to AWS <input type="checkbox"/> Check or money order # _____</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover</p> <p>CC#: _____ / _____ / _____ / _____ Exp: ____ / ____</p> <p>SIGNATURE: _____ cvv: _____</p> | <p>Acct #: _____</p> <p>Date: _____</p> <p>Amt \$: _____</p> |
|---|--|