

WASHINGTON ASSOCIATION OF BUILDING OFFICIALS

PO Box 7310 Olympia, WA 98507-7310 (360) 628-8669 Toll Free (888) 664-9515 Fax (360) 918-8021 E-Mail: wabo@wabo.org www.wabo.org

WELDER EXAMINER APPLICATION FORM

Application Fee: \$135

Directions: Please answer the questions thoroughly. Complete the application and submit with fee to WABO. Submit a separate application form for each agency location.

Enclose with this application:

- Copy of current AWS CWI wallet card.
- 2. Copy of radiographer's NDT Level II certificate, if radiography will be used for testing welds. (Note: Agencies performing radiographic testing must submit proof of their qualifications to do so. Equipment and quality control practices must be documented and documentation must be provided that individuals performing radiographic testing are qualified in accordance with the current edition of the American Society of Nondestructive Testing Recommended Practice No. SNT-TC1A.)
- 3. Copy of AISC certification program certificate, if agency is a structural steel fabricator.

Note: The application must be accompanied by a letter of recommendation from the Welder Qualifying Agency.

Mail the original application and fee to: WABO, PO BOX 7310, OLYMPIA, WA 98507-7310 PLEASE MAKE CHECKS PAYABLE TO: WABO

Following the approval of your application, you will be expected to satisfactorily complete an open book exam based on the contents of WABO Standard No. 27-13. The exam will be mailed to your agency contact listed on this form.

Applicant Information:

Name:			
	(first)	(mi)	(last)
Phone: ()		E-Mail:	
AWS/CWI Certificate N	lo.:	Ехр	piration Date:
Agency Name:			
Agency Address:			
(city)		(state)	(zip)
((Note: The EXAN	MINER and CONTACT must b	pe different individuals)
Agency Contact Name	:		
Agency Contact Phone:		Fax	x:

Education

The applicant has the following education (check	k the highest level completed):
College/University Junior, Community or Vocational Technical College	Vocational/Technical SchoolHigh SchoolGrade School
Training	
The applicant has/had been involved with the for program):	llowing welding-related training (describe or name
Experience	
The applicant has had the following welding exp. No. of Years: 13 or more years 9 to 12 years 5 to 8 years 1 to 4 years 0 years	perience (check the appropriate item): Type: Superintendent Instructor
<u>Certifications</u>	
AWS Certified Welder WABO Certified Weld	g Inspector (CWI) Cert No.
appropriate): SMAW	ns for the following welding processes (check those GMAW SAW GTAW
Work Experience	
The applicant should provide a list of their work	experience (going backwards from most recent):
Dates of Employment:	
Employer:	Phone:
Supervisor:	
Duties:	

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Dates of Employment:	
Employer:	Phone:
Supervisor:	
Duties:	
Dates of Employment:	
Employer:	Phone:
Supervisor:	
Duties:	
Dates of Employment:	
Employer:	Phone:
Supervisor:	
Duties:	
Dates of Employment:	
Employer:	Phone:
Supervisor:	
Duties:	
to the best of my knowledge. I understan	nformation given as part of this application process are accurate d that giving false and/or misleading information may be cause tion of subsequent registration as a WABO Approved Welder
(Applicant's Signature)	(Date)