



WASHINGTON ASSOCIATION OF BUILDING OFFICIALS

**WELDER EXAMINER  
APPLICATION**

**Application Processing and Exam Fee-\$125.00-Per Qualified Testing Agency  
(payable to "WABO" and due with application)**

(please type or print)

APPLICANT NAME: \_\_\_\_\_  
(first) (mi) (last)

APPLICANT PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

APPLICANT E-MAIL ADDRESS: \_\_\_\_\_

APPLICANT CWI CERTIFICATE NO. \_\_\_\_\_ Expiration Date \_\_\_\_\_

AGENCY\* NAME: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
(city) (state) (zip)

(Note: The EXAMINER and CONTACT should be different individuals.)

AGENCY CONTACT: \_\_\_\_\_  
(Name)

AGENCY CONTACT PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

AGENCY CONTACT FAX: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**Qualifications Documentation**

Enclose with this application:

1. Copy of applicant's 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.

\*If applying for more than one agency, please submit a separate application and fee for each agency.

**Education**

The applicant has the following education (check the highest level completed):

- |   |  |
|---|--|
| <input type="checkbox"/> College/University                                   | <input type="checkbox"/> Vocational/Technical School |
| <input type="checkbox"/> Junior, Community or<br>Vocational Technical College | <input type="checkbox"/> High School                 |
|   | <input type="checkbox"/> Grade School                |

**Training**

The applicant has/had been involved with the following welding-related training (describe or name program):

**Experience**

The applicant has had the following welding experience (check the appropriate item):

- |               |   |       |   |                                     |
|---------------|---|-------|---|-------------------------------------|
| No. of Years: | <input type="checkbox"/> 13 or more years | Type: | <input type="checkbox"/> Superintendent | <input type="checkbox"/> Instructor |
|               | <input type="checkbox"/> 9 to 12 years    |       | <input type="checkbox"/> Foreman        | <input type="checkbox"/> Inspector  |
|               | <input type="checkbox"/> 5 to 8 years     |       | <input type="checkbox"/> Welder (field) |                                     |
|               | <input type="checkbox"/> 1 to 4 years     |       | <input type="checkbox"/> Welder (shop)  |                                     |
|               | <input type="checkbox"/> 0 years          |       | <input type="checkbox"/> Other _____    |                                     |

**Certifications**

The applicant has the following welding-related certifications (check those appropriate):

- AWS Certified Welding Inspector (CWI) Cert No. \_\_\_\_\_
- AWS Certified Welder
- WABO Certified Welder
- ICBO Special Inspector (Structural Steel & Welding)

The applicant is qualified in and has certifications for the following welding processes (check those appropriate):

- |                               |                               |                              |
|-------------------------------|-------------------------------|------------------------------|
| <input type="checkbox"/> SMAW | <input type="checkbox"/> GMAW | <input type="checkbox"/> SAW |
| <input type="checkbox"/> FCAW | <input type="checkbox"/> 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:

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Dates of Employment:

Employer:

Phone:

Supervisor:

Duties:

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Dates of Employment:

Employer:

Phone:

Supervisor:

Duties:

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Dates of Employment:

Employer:

Phone:

Supervisor:

Duties:

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### Information Certification

**I hereby certify that all the information provided herein is true to the best of my knowledge and belief.**

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**(Applicant's Signature)**

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**(Date)**