Note: verification by your employer, employer representative, or CWI/Test Supervisor is required when completing this form. Do not leave this section blank.

All sections of this form required for completion and renewal of weld certification.

MAINTENANCE OF AWS WELDER CERTIFICATION

⇒ Certifications in accordance with AWS QC7 Supplement C (AWS D9.1) require maintenance ***every 12 months*.**

⇒ Certifications in accordance with AWS QC7 Supplement G or F (All others) require maintenance ***every 6 months*.**

Welder's First Name & Middle Initial _____ Welder's Last Name _____

Welder's IA No. _____

Local 20 Area (circle one) IN LA TH EV FW SB GA

Enter the date you most recently used the process or processes you would like to maintain.

SMAW _____ FCAW _____ GTAW _____

GMAW _____ SAW _____ _____

Verification by: ☐ **Employer or Employer Representative** ☐ **CWI / Test Supervisor**

I certify that the welder named above used the processes on the dates indicated:

Print Name _____ Title or CWI No. _____

Company _____ ATF _____

Signature _____ Date _____ Phone _____