MAINTENANCE OF WELDER CERTIFICATION

$15, Maintenance fee must accompany this form. ***(Prices are subject to change.)***

Last Name: _____ First Name: _____ MI: _____

Email Address: _____

S.S. #: XXX-XX- _____ Certification #: _____

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

Important: Failure to include dates below will result in payment being forfeited.

SMAW ___ - ___ **GMAW** ___ - ___ **FCAW** ___ - ___

GTAW ___ - ___ **Other** _____ ___ - ___

Your certification is extended from the dates you have indicated above. **Ex: 04/12/2012**

Verification: / Employer / Test Supervisor / Customer: Certify that the above named welder used the welding process(es) on the dates indicated.

Important: This form is NOT to be signed by the applicant. (Please Circle One)

Print Name: _____ Title: _____

Company: _____ Phone: ( ) - -

Signature: _____ Date: - -

Copy this form as needed.

If your mailing address has changed in the last six months, please list new address below:

New Address: _____ Apt./Ste. No.: _____

City: _____ State: _____ Zip Code: _____

Province/Country: _____

YOUR CERTIFICATION IS IMPORTANT TO YOU AND TO US!

Use these forms before your expiration date to properly maintain your certification. 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 all other codes require maintenance every 6 months. Check the requirements of the standard that governs your certification to assure that maintenance is received by AWS at the proper intervals. All checks and money orders must be made payable to AWS and mailed to: **AWS, 8669 Doral Boulevard Suite 130, Doral, Florida 33166.**

WE RECOMMEND SENDING YOUR FORM VIA US MAIL-RETURN RECEIPT REQUESTED.

Method of Payment

❑ Check #: _____ ❑ Visa ❑ Master Card ❑ American Express ❑ Diners Club ❑ Discover

Credit Card #: | | | | | | | | | | | | | | | | Exp. Date: - -

Signature: _____

AWS Use Only

Date Received:		Account #:		Amount:	