	vv erae	r Cerunca	ation Appil	ication
First Name	Last Name		I.D. N	Number (Do not use SS#)
Will a photograph be attached for use on the wal			et card?	Yes No
Applicant's School				
School Mailing Add	ress			
Instructor's Name			Instructor's Phone Number or e-mail:	
Check appropriate	weld, position a	and code certify	ing to:	
Groove Weld	Position	Fillet Weld	Position	Welding Standard
F	1G	F	1F	AWS D1.1 Welder
П	2G	□Н	2F	AWS D9.1 Welder
\square V	3G Up	□ v	3F Up	AWS D1.1 Tack
\square V	3G Dn	□ v	3F Dn	API 1104 Pipe
ОН	4G	ОН	4F	Other
Welding Test Date:			Passed Visual Inspection:	
-			Yes	☐ No
Process and Electrode:			Passed Face & Ro	oot Bend
			Yes Yes	□ No □ N/A
Backing used:			Passed Break Tes	t
Yes No N/A			Yes	□ No □ N/A
Instructor/Inspector (Please Print)			Instructor/Inspector (Please Print)	
A certification fee of remitted to the Weldi	ng Certification	Test Supervisor	for consideration.	completed application shall be for certification.
• • • • • • • • • • • • • • • • • • • •	•		••	
This form is an applic	cation for certifi	ication for the sta	ited candidate and	does not in any way represent an

endorsement, approval or certification of the individual by the test supervisor

Send to: The Certified Welding & Testing Co.

Richard J. DePue P.O. Box 32

Springville, New York 14141

E-mail to: weldingndt@bellsouth.net