



WASHINGTON ASSOCIATION OF BUILDING OFFICIALS  
WELDER PROGRAM

**WELDER EXAMINER APPLICATION**

**DIRECTIONS:** Please answer all questions thoroughly. Type or print all responses.

Mail / email the **completed** application along with the appropriate application fee to: WABO, PO Box 7310, Olympia, WA 98507-7310 or registration@wabo.org.

**APPLICATION FEE: \$140.00**

**MAKE CHECKS PAYABLE TO: WABO**

After review of the application submittals, 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 the agency contact listed on this application.

Please include the following:

- \_\_\_ Completed application
- \_\_\_ Application fee (make checks payable to WABO)
- \_\_\_ Letter of recommendation from Welder Qualifying Agency
- \_\_\_ Copy of current AWS CWI wallet card.
- \_\_\_ 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.)**
- \_\_\_ Copy of AISC certification program certificate, if agency is a structural steel fabricator.

Submit a separate application for each agency location.

Applicant Name: \_\_\_\_\_  
Last First MI

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

AWS/CWI Certification No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Contact Name **(NOTE: The EXAMINER and AGENCY CONTACT must be different individuals)** \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Physical Address: \_\_\_\_\_  
Number and Street

City State Zip Code

Agency Mailing Address: \_\_\_\_\_  
Number and Street

City State Zip Code

**EDUCATION**

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

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> College/University          | <input type="checkbox"/> High School  |
| <input type="checkbox"/> Junior/Community            | <input type="checkbox"/> Grade School |
| <input type="checkbox"/> Vocational/Technical 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):

- | NUMBER OF YEARS                           | TYPE                                    |
|---|---|
| <input type="checkbox"/> 13 or More Years | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> 9 to 12 Years    | <input type="checkbox"/> Instructor     |
| <input type="checkbox"/> 5 to 8 Years     | <input type="checkbox"/> Foreman        |
| <input type="checkbox"/> 1 to 4 Years     | <input type="checkbox"/> Inspector      |
| <input type="checkbox"/> 0 Years          | <input type="checkbox"/> Welder (Field) |
|   | <input type="checkbox"/> Welder (Shop)  |
|   | <input type="checkbox"/> Other: _____   |

**CERTIFICATIONS**

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

- |  |  |
|--|--|
| <input type="checkbox"/> AWS Certified Welding Inspector (CWI)                                 | <input type="checkbox"/> Cert Number: _____    |
| <input type="checkbox"/> AWS Certified Welder  | <input type="checkbox"/> WABO Certified Welder |
| <input type="checkbox"/> ICC Special Inspector (Structural Steel & Welding/Structural 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 No.: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Name

Duties:

\_\_\_\_\_  
Dates of Employment

Employer: \_\_\_\_\_ Phone No.: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Name

Duties:

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Dates of Employment

Employer: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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Supervisor Name

Duties:

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Dates of Employment

Employer: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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Supervisor Name

Duties:

I certify that all statements, answers, and information given as a part this application process are accurate to the best of my knowledge. I understand that giving false and/or misleading information may be cause for rejection of this application or revocation of subsequent registration as a WABO Approved Welder Examiner.

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Signature of Applicant

Date

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Print Name