



WASHINGTON ASSOCIATION OF BUILDING OFFICIALS
WELDER PROGRAM

WELDER EXAMINER TRANSFER 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: \$57.00

MAKE CHECKS PAYABLE TO: WABO

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.
- ___ Current WABO Welder Examiner card

Submit a separate application for each agency location.

Applicant Name: _____
Last First MI

Phone No.: _____ Email: _____

AWS/CWI Certification No.: _____ Expiration Date: _____

Previous Agency Name (Registered Agency Transferring From)

Phone No.: _____ Email: _____

Current Agency Name (Registered Agency Transferring To)

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

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.

Signature of Applicant

Date

Print Name