



WASHINGTON ASSOCIATION OF BUILDING OFFICIALS

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Fax (360) 918-8021  
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## WELDER EXAMINER APPLICATION FORM

**Application Fee: \$135**

**Directions:** Please answer the questions thoroughly. Complete the application and submit with fee to WABO. Submit a separate application form for each agency location.

Enclose with this application:

1. Copy of current AWS CWI wallet card.
2. 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.)
3. Copy of AISC certification program certificate, if agency is a structural steel fabricator.

**Note:** The application must be accompanied by a letter of recommendation from the Welder Qualifying Agency.

Mail the original application and fee to: WABO, PO BOX 7310, OLYMPIA, WA 98507-7310  
*PLEASE MAKE CHECKS PAYABLE TO: WABO*

Following the approval of your application, 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 your agency contact listed on this form.

### Applicant Information:

Name: \_\_\_\_\_  
(first) (mi) (last)

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

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

Agency Address: \_\_\_\_\_

\_\_\_\_\_  
(city) (state) (zip)

(Note: The EXAMINER and CONTACT must be different individuals)

Agency Contact Name: \_\_\_\_\_

Agency Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



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Dates of Employment:

Employer:

Phone:

Supervisor:

Duties:

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Dates of Employment:

Employer:

Phone:

Supervisor:

Duties:

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Dates of Employment:

Employer:

Phone:

Supervisor:

Duties:

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Dates of Employment:

Employer:

Phone:

Supervisor:

Duties:

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I certify that all statements, answers and information given as part of 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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(Applicant's Signature)

(Date)