



WASHINGTON ASSOCIATION OF BUILDING OFFICIALS

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WELDER EXAMINER TRANSFER APPLICATION

Please include the following:

_____ Letter of recommendation from the Welder Qualifying Agency

_____ \$55 transfer fee

_____ Copy of current AWS/CWI card

_____ Current WABO Welder Examiner card

A separate application is required for each agency location

Applicant Information:

Name: _____
(first) (mi) (last)

Phone: (_____) _____ Ext. _____ E-Mail: _____

AWS/CWI Certificate No.: _____ Expiration Date: _____
Include a copy of current AWS/CWI card

Previous Agency Name: _____
(Registered Agency Transferring From)

Phone Number: (_____) _____ Location: _____

Current Agency Name: _____
(Registered Agency Transferring To)

Phone Number: (_____) _____ Location: _____

Agency Address: _____

_____ (City) (State) (Zip)

Agency Contact Name: _____

Agency Contact Phone: (_____) _____ Ext. _____

Information Accuracy Certification and Inquiry Consent

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 welder examiner.

(Signature of Applicant) (Date)