



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)