AWS American Welding Society

Name: _____

AWS Membership #: _____

40 Hour Retest Training Log

Instructor's Information

First Name _____   Last Name_____

CWI # (if applicable)_____ Course Title _____

Facility Information
Name _____
Address _____
City _____ State/Province _____ Zip Code _____ Country _____

Type of facility
☐College
☐Vocational/Technical
☐Training Institution

Course Type
☐ Private Tutor
☐ Online Course
☐ Classroom Training

Subject(s) Covered	Date	Time

By signing below, I verify I have provided training to the AWS certification exam candidate as indicated above. I understand that any false statement will nullify this record and disqualify the exam candidate from achieving any AWS certification. I give AWS permission to verify this information as necessary.

_____   _____
Instructor's Signature   Date