

**AUSTRALIAN WELDER CERTIFICATION REGISTER (AWCR)  
TESTING CENTRE APPLICATION FORM**

This application is for an organisation wishing to become an approved Testing Centre for the Australian Welder Certification Register

**Testing Centre details**

Name of organisation \_\_\_\_\_

ABN \_\_\_\_\_

Is the organisation publicly listed? (circle as appropriate) Yes / No

Registered address \_\_\_\_\_

Street address \_\_\_\_\_

Is the organisation a RTO? (circle as appropriate) Yes / No RTO Code \_\_\_\_\_

WTIA Corporate member number (AWCR Testing Centres must be WTIA members) \_\_\_\_\_

**Testing Centre Coordinator details**

The Coordinator is the individual responsible for handling enquiries and organising weld testing with candidate welders wanting to join the AWCR

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

Email addresses:

1. (primary) \_\_\_\_\_

2. (secondary) \_\_\_\_\_

Phone numbers: (mobile) \_\_\_\_\_ (landline) \_\_\_\_\_

**Testing Centre Workshop Supervisor details**

The Workshop Supervisor is the individual responsible for setting up the test welds for the candidate welders along with the Examiner

Name \_\_\_\_\_

Email address \_\_\_\_\_

Phone numbers (mobile) \_\_\_\_\_ (landline) \_\_\_\_\_

Supervisor Qualifications and Certifications (e.g. AS 1796 Cert 10, AS 2214 Welding Supervisor, IWE, IWT, IWS, IWI-S, IWI-B etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Work health and safety measures and risk management**

Does the organisation have a WHS system in place that addresses:

- WTIA Technical Note 7 Health and Safety in Welding? (circle as appropriate) Yes / No
- WTIA Technical Note 22 Welding Electrical Safety? (circle as appropriate) Yes / No
- Safe Work Australia Model Code of Practice Welding Processes (circle as appropriate) Yes / No

Does the organisation have Public Liability Insurance (\$10 million minimum)? (circle as appropriate) Yes / No

**Welding bays and equipment**

Number of welding bays \_\_\_\_\_

Welding processes that are available to welders in the Testing Centre (circle all that apply)

MMAW GMAW FCAW SAW GTAW Other (specify) \_\_\_\_\_

List the equipment used to measure welding voltage, amperage, travel speed and preheat/interpass temperature during welder qualification.

\_\_\_\_\_  
\_\_\_\_\_

**Welder Qualification currently undertaken at the Organisation**

- AS/NZS 1554 (parts 1 to 7) (circle as appropriate) Yes / No
- AS/NZS 3992 (circle as appropriate) Yes / No
- AS/NZS 2980 (circle as appropriate) Yes / No
- AS/NZS 2885.2 (circle as appropriate) Yes / No
- AS/NZS 3992 (circle as appropriate) Yes / No
- AS/NZS 1665 (circle as appropriate) Yes / No
- AS/NZS/ISO 9606.1 (circle as appropriate) Yes / No
- Other – please indicate \_\_\_\_\_

**Methods of Welder Qualification at the Testing Centre**

Identify the methods currently used to qualify welders at the Testing Centre:

Visual Test (circle as appropriate) Yes / No

Bend Test (circle as appropriate) Yes / No

Fracture Test (circle as appropriate) Yes / No

Fillet Break Test (circle as appropriate) Yes / No

Macro Test (circle as appropriate) Yes / No

Radiographic Test (circle as appropriate) Yes / No

Ultrasonic Test (circle as appropriate) Yes / No

Please indicate the names of individuals carrying out Macro, Radiographic and Ultrasonic Testing and details of any AS ISO 9712 certifications held:

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**AWCR Examiners**

Welder Certification to the AWCR requires welders be assessed by an AWCR Examiner. Please indicate names of individuals the Testing Centre proposes to use as AWCR Examiners.

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Note: There is a separate application required for AWCR Examiners

**Any other relevant information**

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**Declaration**

I declare the information given in this application and supporting documentation to be complete, true and correct. I agree that this organisation will be bound by the Australian Welder Certification Register Approved Training Centre Code of Ethics.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_