

# CWBi Acorn Form AP2.1

## Instructor Application Form (ACE)

 Submit To:  
 acorn@cwbgroup.org

### Section 1 - Applicant Details

Please submit *one form per teacher* to apply for access to Acorn Instructor content. (5 years of experience recommended)

Candidate Name \_\_\_\_\_

School \_\_\_\_\_

Address Street & # \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

### Section 2 – Welding Related Experience

(As a minimum, list all employers over the past 7 years. Attach an additional sheet if more space is required.)

Name of Company	From (MM/YYYY)	To (MM/YYYY)	Indicate Job Title, Primary Duties Performed and/or Responsibilities Held

My total years of welding & fabrication related experience is: \_\_\_\_\_

I have worked in the following industrial sectors:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Structural Steel Fabrication and/or Maintenance | <input type="checkbox"/> Mining             | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Transportation Equipment                        | <input type="checkbox"/> Elevating Devices  |   |
| <input type="checkbox"/> Pressure Vessels                                | <input type="checkbox"/> Shipbuilding       |   |
| <input type="checkbox"/> Oil and Gas                                     | <input type="checkbox"/> Aviation           |   |
|  | <input type="checkbox"/> Custom Fabrication |   |

I am an experienced welder with the following processes: \_\_\_\_\_

- |                                       |                               |
|---------------------------------------|-------------------------------|
| <input type="checkbox"/> SMAW         | <input type="checkbox"/> RSW  |
| <input type="checkbox"/> GMAW         | <input type="checkbox"/> RSEW |
| <input type="checkbox"/> FCAW         | <input type="checkbox"/> PW   |
| <input type="checkbox"/> SAW          | <input type="checkbox"/> FW   |
| <input type="checkbox"/> GTAW         | <input type="checkbox"/> UW   |
| <input type="checkbox"/> Other: _____ |                               |

Welding Positions (FHVO)	Qualifications Obtained	Qualifying Authority (eg: CWB)

I have received training on or I understand the operation of the following inspection processes:

- |  |                                  |   |
|--|----------------------------------|---|
| <input type="checkbox"/> Visual            | <input type="checkbox"/> Peel    | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Radiography       | <input type="checkbox"/> Chisel  |   |
| <input type="checkbox"/> Ultrasonic        | <input type="checkbox"/> Bend    |   |
| <input type="checkbox"/> Magnetic Particle | <input type="checkbox"/> Tension |   |
| <input type="checkbox"/> Liquid Penetrant  | <input type="checkbox"/> Torsion |   |



Section 3 - General Related Skills

I have used and/or am qualified for the following inspection processes:

- Visual, Radiography, Ultrasonic, Magnetic Particle, Liquid Penetrant, Peel, Chisel, Bend, Tension, Torsion, Other (Specify):

I have used the following material preparation processes:

- Mechanical Cutting, Oxyfuel Gas Cutting, Plasma Arc Cutting, Air Carbon Arc Cutting & Gouging, Water Jet, Laser Cutting, Metal Forming, Brake Process, Angle Rolls, Plate Rolls, Tube/Pipe Bending, Other (Specify):

My work experience included use of the following heat treating processes:

- Preheating, Stress Releiving, Annealing, Hardening, Normalizing, Tempering, Solution Heat Treatment & Aging, Other (Specify):

I have welded the following materials:

- Carbon Steel, Reinforcing, Aluminum, Stainless Steel, Sheet Steel, Quenched & Tempered Steel, High Strength Low Alloy Steel, Other (Specify):

Education: Welding, Fabrication or other related courses

(Attach separate list if more space required)

Table with 5 columns: Name of Course, Name of Institution, Location, Start of Course MM/YYYY, End of Course MM/YYYY

NOTE: Documentation to substantiate educational, examination claims or claims of prior acceptance made above must be included with this application.

Applicant Signature

Date MM/DD/YYYY

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	Date MM/DD/YYYY	Please initial Acceptance
Educator Designated		
Assessor Designated		
Experience accepted		
Exams completed (if required)		
Verbal Exam completed		

Years of experience pertinent to Application Type: \_\_\_\_\_

Education reduction (years) if applicable: \_\_\_\_\_

Welding Instructor has completed an acceptable Welding Engineering Technician or Welding Engineering Technologist course. Indicate if Welding Instructor was previously accepted.  Yes  No

From the information made available to me, this Welding Instructor has met all of the qualification requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date MM/DD/YYYY

Previous ACAP or ACEP association:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_