



EXHIBIT #11

INTERNATIONAL TRAINING INSTITUTE / AMERICAN WELDING SOCIETY'S

**MAINTENANCE OF AWS NATIONAL WELDER CERTIFICATION**

\$10.00 fee must accompany this form

Last Name

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First Name

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Social Security #

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Local # City

\_\_\_\_\_

We recommend sending your form:  
 "US Mail-Return Receipt Requested"

Enter the date you most recently used the processes you would like to maintain. **IMPORTANT: FAILURE TO INCLUDE DATES BELOW WILL RESULT IN PAYMENT BEING FORFEITED.** WELDING TYPE: \_\_\_\_\_

MANUAL  AUTOMATIC   
 SEMI AUTOMATIC

SMAW \_\_\_/\_\_\_/\_\_\_ GMAW \_\_\_/\_\_\_/\_\_\_ FCAW \_\_\_/\_\_\_/\_\_\_ GTAW \_\_\_/\_\_\_/\_\_\_ Other \_\_\_\_\_

Your certification is extended from the dates you have indicated

Verification: I certify that the above named welder used the processes on the dates indicated...

Employer/Test supervisor (circle one)

Print Name \_\_\_\_\_ Title: \_\_\_\_\_

Company \_\_\_\_\_ ATF: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Copy this form on blue paper as needed

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

If new address list above

**Your Certification is Important to you and to Us!**

Use these forms before your expiration date to properly maintain your certification. Certifications in accordance with Supplement C or D9.1 for the Sheet Metal Welding Code required maintenance every 12 months. Certifications in accordance with D1.1 require maintenance every 6 months. Check the requirements of the standard that governs your certification to assure that maintenance is received by AWS at the proper intervals. The cost for renewing is \$10.00 per maintenance form; a check or money order made out to AWS should be enclosed with each maintenance form.

METHOD OF PAYMENT	
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Bill PO (Staple PO to front page of application)
<input type="checkbox"/> Visa	<input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Diners <input type="checkbox"/> Discover
Credit Card # _____	
Expiration Date	
Mo	Day
Yr	Signature _____
AWS USE ONLY	
Date Recv'd _____	Acc't # _____
Amt \$ _____	

Mail the maintenance form and means of payment to the JATC / ATF where you last tested.

**ITI Must Copy on Blue Paper**