



Utah State Board of Education

CTE – Skilled and Technical Sciences Education

Application for Welding Endorsement

Applicant Information

First-time applicants must complete a background check prior to submitting this application.

SS# or CACTUS ID #: _____

Full Name: _____ Date: _____
First M.I. Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you currently teaching? YES NO If yes, School _____ District _____

Do you currently hold a license? YES NO If yes, which one? Secondary Education CTE CTE Specialty

I am requesting the **Welding Endorsement**. The required courses and professional development have been completed, and the appropriate documentation is attached.

Education

Verification of associate or bachelor's degree(s) must be on official transcripts.

School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

A letter on company letterhead indicating dates of employment, duties, and responsibilities is required for verification of employment.

From: _____ To: _____ Job Title: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

May we contact your previous supervisor for a reference? YES NO

From: _____ To: _____ Job Title: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

May we contact your previous supervisor for a reference? YES NO

From: _____ To: _____ Job Title: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

May we contact your previous supervisor for a reference? YES NO

OR

Industry Certifications/NOCTI Exam

Verification of passing scores on the exams is required before the endorsement can be awarded.

Exam

American Welding Society CWI Examination Date: _____

OR

NOCTI Welding Exam Examination Date: _____

OR

Utah Welding Teacher Exam Examination Date: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

For USBE Use Only

Submit completed application, official transcripts, and/or other documentation and fees to:
USBE Educator Quality and Licensing
250 East 500 South,
P.O. Box 144200
Salt Lake City, UT 84114-4200
Phone : (801) 538-7752

USBE Specialist Approval

Approved for
Welding

Not Approved

CTE Specialist Signature

Date