



Company Code

CWB Form 151E/2004-3

STANDARD	
W47.1	W47.2
W55.3	W186

# LIST OF PERSONNEL

Initial Application in Division [ ] Division Change From [ ] to [ ] Update of Information File Reinstatement

NOTE: ENTER DIVISION NO. IN SPACE PROVIDED ABOVE IF THIS FORM APPLIES TO CSA W47.1 OR W47.2

If this Form applies to CSA W47.1, indicate if it is to include the Requirements of CSA Standard S473-04 - Steel Structures

## LIST OF PERSONNEL AT THE FACILITY TO WHICH CERTIFICATION APPLIES

This list applies to Personnel at the following Facility:

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

1. Chief Executive Officer (Name & Title): \_\_\_\_\_ Email: \_\_\_\_\_

2. a. Other Management (Name & Title): \_\_\_\_\_ Email: \_\_\_\_\_

b. Other Management (Name & Title): \_\_\_\_\_ Email: \_\_\_\_\_

3. Certification Contact (Name & Title): \_\_\_\_\_ Email: \_\_\_\_\_

Cell No: \_\_\_\_\_

Location of Certification Contact: Same as above: or

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. a. For CSA Standard W47.1 only, list the designated Welding Engineers. Provide the email address for engineers employed full-time by the company.

i. Welding Engineer: \_\_\_\_\_ Email: \_\_\_\_\_ Employed Retained

ii. Welding Engineer: \_\_\_\_\_ Email: \_\_\_\_\_ Employed Retained

b. For CSA Standards W47.2, W55.3, W186 only, list engineers designated for Welding Design and/or Welding Procedures and Practice. Provide the email address for engineers employed full-time by the company.

i. Welding Design: \_\_\_\_\_ Email: \_\_\_\_\_ Employed Retained

ii. Welding Procedures & Practice: \_\_\_\_\_ Email: \_\_\_\_\_ Employed Retained

5. a. Welding Supervisor (Name & Title): \_\_\_\_\_ Email and/or Cell no. \_\_\_\_\_

b. Welding Supervisor (Name & Title): \_\_\_\_\_ Email and/or Cell no. \_\_\_\_\_

c. Welding Supervisor (Name & Title): \_\_\_\_\_ Email and/or Cell no. \_\_\_\_\_

d. Welding Supervisor (Name & Title): \_\_\_\_\_ Email and/or Cell no. \_\_\_\_\_

6. Accounts Officer (Name & Title): \_\_\_\_\_ Email: \_\_\_\_\_

7. For CSA Standard W47.2 only:

Quality Control Officer (Name & Title): \_\_\_\_\_ Email: \_\_\_\_\_

PLEASE NOTE: ANY PERSONNEL CHANGES IN AREAS 1 TO 7 ABOVE REQUIRE A NEW FORM FULLY COMPLETED.

PLEASE MAIL OR FAX TO THE CWB AND RETAIN A COPY FOR YOUR FILE.

Complete this section only if the CEO's designate is to be appointed.

As Chief Executive Officer, I designate (Name & Title): \_\_\_\_\_ to act on my behalf concerning all matters related to the certification of this company.

DATE MM / DD / YYYY

Signature of Chief Executive Officer

The Certification Contact identified above has been designated as having responsibility for ensuring that the requirements for certification are implemented and maintained. I also designate the other personnel listed above and ensure that they have been granted such authority as will enable them to properly and freely discharge their responsibilities under the Standard specified above.

DATE MM / DD / YYYY

Signature of Chief Executive Officer or Designate

"CERTIFICATION MAKES THE DIFFERENCE"