



# LIST OF PERSONNEL - MULTI PLANT CERTIFICATIONS

Use this form to list the personnel at a facility that has been or is to be included as part of a parent company's existing certification.

- Initial Application
  Update of Information
  File Reinstatement

Company Code for this location:  (if known)
 Main Plant Company Code:

**THIS LIST APPLIES TO PERSONNEL AT THE FOLLOWING SHOP/PLANT/DIVISION**

Shop/Plant/Division Name: \_\_\_\_\_

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

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

1. a. Shop/Plant Management (Name & Title): \_\_\_\_\_ Email: \_\_\_\_\_  
 b. Shop/Plant Management (Name & Title): \_\_\_\_\_ Email: \_\_\_\_\_

2. Certification Contact at this location (Name & Title): \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell No.: \_\_\_\_\_

**3. a. For CSA Standard W47.1 and W55.3 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 and 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

4. 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. \_\_\_\_\_

5. For CSA Standard W47.2 only:  
 Quality Control Officer (Name & Title): \_\_\_\_\_ Email: \_\_\_\_\_

**NOTE: ANY PERSONNEL CHANGES IN AREAS 1 TO 4 ABOVE REQUIRE A NEW FORM, FULLY COMPLETED. MAIL OR FAX TO THE CWB AND RETAIN A COPY FOR YOUR FILE.**

I designate the 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 Authorized Designate

