



Company Code

STANDARD	
<input type="checkbox"/> W47.1	<input type="checkbox"/> W47.2
<input type="checkbox"/> W55.3	<input type="checkbox"/> 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, W47.2 OR W55.3.

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 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, 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

