



Company Code: \_\_\_\_\_

# Engineer's Declaration and Resume

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

Mailing Address \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

This declaration will confirm that I have been designated by:

\_\_\_\_\_  
Name of Company/Plant/Division to Which Certification Applies

\_\_\_\_\_  
Address

to be responsible for (submit an additional form if designated for more than one standard):

<input type="checkbox"/> <b>CSA W47.1</b>	<input type="checkbox"/> <b>CSA W47.2</b>	<input type="checkbox"/> <b>CSA W186</b>	<input type="checkbox"/> <b>CSA W55.3</b>
Responsible for: Welding related activities	Responsible for: Welding related activities	Responsible for: <input type="checkbox"/> Welding design, <b>and/or</b> <input type="checkbox"/> Welding Procedures & Practice	Responsible for: Welding related activities <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum
For acceptance, engineers must meet the requirements specified in:			
Clause 6 of W47.1	Clause 6 of W47.2	Clause 8.2.1 of W186	Clause 6.1 of W55.3

I am:  retained, OR  employed full-time by the above company

I have been previously accepted by the CWB to the applicable Standard:  YES  NO\*

\*If "NO", you are required to complete side 2 of this form and provide supporting evidence of qualifications.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DATE (MM / DD / YYYY)

- Note:**
1. Engineers who have not been previously accepted to the applicable standard must also complete side 2 and provide the required supporting documentation.
  2. Submit an additional form, if designated for more than one standard.

**FOR CWB USE ONLY:**

First time review for this engineer:  Yes  No

If yes, also complete CWB Form 640

Registrar: \_\_\_\_\_

\_\_\_\_\_  
DATE (MM / DD / YYYY)



I am a Registered Professional Engineer in the: Province/Territory/State of:

Registration/License No.: \_\_\_\_\_

**EDUCATION:**

University	Faculty & Major Area of Study	Degree Obtained	Year of Graduation

Attach documented proof of successfully completed courses of study in the following subject areas (as applicable):

- |   |  |
|---|--|
| <input type="checkbox"/> Basic knowledge of steel                       | <input type="checkbox"/> Basic knowledge of aluminum                       |
| <input type="checkbox"/> Welding fundamentals - steel                   | <input type="checkbox"/> Welding fundamentals - aluminum                   |
| <input type="checkbox"/> Welding metallurgy - steel                     | <input type="checkbox"/> Welding metallurgy - aluminum                     |
| <input type="checkbox"/> Welding procedures and practice - steel        | <input type="checkbox"/> Welding procedures and practice - aluminum        |
| <input type="checkbox"/> Applicable welding codes and standards - steel | <input type="checkbox"/> Applicable welding codes and standards - aluminum |

**WORK EXPERIENCE (As a minimum list all employers over the past 5 years)**

Name of Employer (List most recent employer first)	From		To		Title or Position
	MM	YYYY	MM	YYYY	
			Present		

Attach documented proof describing all relevant welding related work experience. Include all experience related to welding procedure development, welding inspection, welding design, weld failure investigations, practical welding experience, welding related courses, etc. Provide dates if applicable. Attach additional sheet if required.

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