



EQUIVALENT APPROVAL OF WELDING CONSUMABLES DECLARATION OF MARKETING COMPANY

Marketing Company

Name: _____

Address: _____

City: _____

Prov/State: _____ Postal Code/Zip: _____

Tel: () Fax: () E-Mail: _____

I/We the undersigned authorized representative(s) of the above named company confirm that the welding consumables named below are obtained solely from the Manufacturing Company named below and that no re-packaging or relabelling is carried out by us or our agents.

I/We confirm that we will advise the Canadian Welding Bureau, in writing, immediately if any of the above statements become invalid.

Manufacturing Company

Name: _____

Address: _____

City: _____

Prov/State: _____ Postal Code/Zip: _____

Marketed Product Name(s)

Manufacturer's Product Name(s)

Signature: _____

DATE									
	<small>MONTH</small>	<small>DAY</small>	<small>YEAR</small>						

Name (please print or type): _____

Position: _____