



APPLICATION FOR METAL PRODUCTS INSPECTOR CERTIFICATION

Upon completion return this form to **CANADIAN WELDING BUREAU**, 7250 West Credit Avenue, Mississauga, ON, L5N 5N1
Eligibility requirements for certification are contained in the **Guide for the Certification of Metal Products Inspectors**

IMPORTANT: READ THIS APPLICATION CAREFULLY. APPLICATIONS WHICH ARE INCOMPLETE WILL BE RETURNED.

1. Name: _____
(Please Print) (Mr. / Mrs. / Ms.) First Name Middle Name Last Name

Address: _____ Tel. (Res): _____
 _____ Tel. (Bus): _____

City Province Postal Code Country

Email: _____ Fax: _____

2. Please check the Level of Metal Products Inspector registration desired:

- Level 1 Level 2 Level 3

3. This application for certification includes (check one only)

- Part A or Part B or Part C or Part D

From Table 1 of the Guide for the Certification of Metal Products Inspectors (hereinafter called the "Guide").

4. Does this application for certification include Clause 2.3 of the Guide? Yes No

4.1 If the answer to No. 4 is "Yes", you will need to complete and sign Item No. 13 of this application form.

5. If you are currently certified as a Metal Products Inspector, give your Registration Number:

| | |
|---|--|
| M | |
|---|--|

6. If you are registering for Level 2 or Level 3, check the Product Endorsement (one only) to be included in your registration, and state how many years you have worked in that product endorsement. Separate application forms are required for each Product Endorsement. There is no Product Endorsement requirement for Level 1 certification.

| <u>Product Endorsement</u> | <u>Years</u> | <u>Product Endorsement</u> | <u>Years</u> |
|--|--------------|--|--------------|
| <input type="checkbox"/> Buildings and Industrial Structures | _____ | <input type="checkbox"/> Oil and Gas Pipelines | _____ |
| <input type="checkbox"/> Bridges and Culverts | _____ | <input type="checkbox"/> Pressure Vessels | _____ |

6.1 Note: Future Product Endorsements planned for this Guide are identified in Appendix C of the Guide.

REGISTRATION & EXAMINATION FEE

Please enclose the registration and examination fee with this application. If you are not eligible for certification, the fee, less a \$30.00 service charge, will be refunded. Eligibility requirements are contained in the Guide.

| | | | | | |
|---|--|-------------|--|--|----------------|
| _____ <p style="text-align: center;">Applicant's Signature</p> | <table border="1" style="margin: auto;"> <tr> <td style="padding: 5px;">DATE</td> <td style="padding: 5px; width: 150px; height: 20px;"></td> </tr> <tr> <td></td> <td style="text-align: center; padding: 5px;">MM / DD / YYYY</td> </tr> </table> | DATE | | | MM / DD / YYYY |
| DATE | | | | | |
| | MM / DD / YYYY | | | | |

| | |
|-------------------------|-------------------|
| FOR CWB USE ONLY | Reg. No. M |
|-------------------------|-------------------|

"CERTIFICATION MAKES THE DIFFERENCE"

10. EDUCATIONAL BACKGROUND

Please check the highest level completed and identify the corresponding **Date, Name** and **Location** of the Institute attended.

| HIGHEST LEVEL | | DATE COMPLETED | NAME AND LOCATION OF INSTITUTE ATTENDED |
|----------------------------|---|----------------|---|
| | | MM / YYYY | |
| Elementary School .. Grade | <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | | |
| Secondary School ... Grade | <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | | |
| Community College . Years | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | |
| University | Years <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | |

Community College, University, Vocational, and Other Training Courses:

| NAME OF INSTITUTION | NAME OF COURSE OR PROGRAM OF STUDY | DATE STARTED | DATE COMPLETED |
|---------------------|------------------------------------|--------------|----------------|
| | | MM / YYYY | MM / YYYY |
| | | | |
| | | | |
| | | | |
| | | | |
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11. DOCUMENTATION

In accordance with the mandatory educational and training requirements of the Guide, have you enclosed documented proof of the courses you have successfully completed and which meet the criteria identified in Appendix A of the Guide?

Yes No

Note: The Canadian Welding Bureau shall decide whether or not the education and training documentation submitted by the applicant is acceptable.

12. Have you included your CWB Proof of Vision form? Vision test date must be within six (6) months of the application date.

Yes No

13. EXEMPTION (Ref: Item 4 of this Application Form)

I hereby confirm that as indicated on this application form, I have a minimum of eighteen (18) years experience in industry in accordance with the requirements of the Guide. Therefore, I am requesting under Clause 2.3 of the Guide, exemption from the mandatory educational and training requirements of the Guide's Appendix A. Six (6) years of the 18 years experience is in the Product Endorsement for which I am applying for certification.

Applicant's Signature: _____

| | |
|------|----------------|
| DATE | |
| | MM / DD / YYYY |

14. VALIDATION

All applicants for certification must have their education, training and experience validated by a professional person as follows (see Guide, Clause 3, Definitions):

I, _____
(Print Name)

attest to the education, training and work experience statements made by the applicant in points 6, 6.2, 7, 11 (& 13 if applicable) of this application for certification as a Metal Products Inspector.

Signature

Profession

Telephone

| | |
|------|----------------|
| DATE | |
| | MM / DD / YYYY |

15. QUALIFYING WORK EXPERIENCE

| | |
|------|-----------|
| FROM | |
| | MM / YYYY |

| | |
|----|-----------|
| TO | |
| | MM / YYYY |

A) Name and Address of Company:

_____ Dept. _____
 _____ Telephone: _____

B) Reference Name: _____ Telephone: _____

Address (if different from A): _____

C) Where applicable, describe your duties in the following areas as they relate to the manufacturing and/or fabrication industries during your employment with the company, and give the approximate percentage of your time spent in each:

1) Inspection % _____

2) Construction % _____

3) Design % _____

4) Planning % _____

5) Supervision % _____

6) Cost Estimating % _____

7) Engineering % _____

8) Other % _____

D) Identify typical codes, standards and specifications to which you worked during your employment with the company.

16. QUALIFYING WORK EXPERIENCE

| | |
|------|-----------|
| FROM | |
| | MM / YYYY |

| | |
|----|-----------|
| TO | |
| | MM / YYYY |

A) Name and Address of Company:

_____ Dept. _____
 _____ Telephone: _____

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D) Identify typical codes, standards and specifications to which you worked during your employment with the company.

17. QUALIFYING WORK EXPERIENCE

| | |
|------|-----------|
| FROM | |
| | MM / YYYY |

| | |
|----|-----------|
| TO | |
| | MM / YYYY |

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3) Design % _____

4) Planning % _____

5) Supervision % _____

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7) Engineering % _____

8) Other % _____

D) Identify typical codes, standards and specifications to which you worked during your employment with the company.

CODE OF ETHICS

Certified Metal Products Inspectors recognize that precepts of personal integrity and professional competence are fundamental, and as such shall:

- a) have proper regard for the safety of the public;
- b) undertake only those assignments for which they are competent by virtue of certification, training, and experience and where warranted, advise the engagement of such specialists as are required to complete the assignment;
- c) protect to the fullest extent possible, consistent with the well being of the public, any information given in confidence by an employer or colleague;
- d) indicate to the employer or supervisor any adverse consequence that may result from an overruling of their rejection of work by a non-technical authority;
- e) be objective, thorough, and factual in any written report, statement or testimony of the work and include all relevant or pertinent information in such documents;
- f) sign only for work that they have inspected or for work about which they have personal knowledge through direct technical control, and;
- g) strive to maintain personal proficiency by updating their technical knowledge and skills as required to properly practice metal products inspection.

Name: _____

Signature: _____

| | |
|------|----------------|
| DATE | |
| | MM / DD / YYYY |