



# PROOF OF CONTINUING INVOLVEMENT IN METAL PRODUCTS INSPECTION

**CWB GUIDE**

**THIS REPORT IS SUBMITTED IN ACCORDANCE WITH THE REQUIREMENTS OF THE CWB GUIDE FOR THE CERTIFICATION OF METAL PRODUCTS INSPECTORS**

**IDENTIFICATION OF METAL PRODUCTS INSPECTOR:**

Inspector's Name \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Complete Address \_\_\_\_\_

CWB Registration No. \_\_\_\_\_

CARD EXPIRY DATE						
	MONTH	DAY	YEAR			

This will certify that I have performed metal products inspection for the following companies or organizations over the past **three** years:

1. Company Name \_\_\_\_\_

Address \_\_\_\_\_

WORK PERIOD - FROM						TO					
	MONTH	YEAR					MONTH	YEAR			

Telephone Number ( ) \_\_\_\_\_

Name of Reference \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

2. Company Name \_\_\_\_\_

Address \_\_\_\_\_

WORK PERIOD - FROM						TO					
	MONTH	YEAR					MONTH	YEAR			

Telephone Number ( ) \_\_\_\_\_

Name of Reference \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

3. Company Name \_\_\_\_\_

Address \_\_\_\_\_

WORK PERIOD - FROM						TO					
	MONTH	YEAR					MONTH	YEAR			

Telephone Number ( ) \_\_\_\_\_

Name of Reference \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

\_\_\_\_\_  
Signature of Certified Metal Products Inspector

DATE						
	MONTH	DAY	YEAR			

**PLEASE SUBMIT ORIGINAL TO THE CWB AND RETAIN A COPY FOR YOUR FILE.**

**"CERTIFICATION MAKES THE DIFFERENCE"**