



# PROOF OF CONTINUING INVOLVEMENT IN WELDING EXAMINATION OR TESTING

CWB Form 457E/2009-2

THIS REPORT IS SUBMITTED IN ACCORDANCE WITH CLAUSE 11.2 OF CSA STANDARD W178.2 "CERTIFICATION OF WELDING INSPECTORS"

<b>IDENTIFICATION OF CERTIFIED WELDING INSPECTOR:</b>		Card Expiry Date: _____ DD/MM/YY
Inspector's Name: _____		CWB Registration No. _____
Address: _____		Tel #: _____
Street _____		Residence _____
City _____ Prov _____ Postal Code _____		Tel #: _____
		Business _____
Email: _____		Tel #: _____
		Cell _____
Do you wish to have your telephone number published on the CWB Group's website? <input type="checkbox"/> YES <input type="checkbox"/> NO		Fax #: _____
If yes, specify which telephone number for publication: _____		

This will certify that I have performed welding examination or testing for the following companies or organizations over the past **three** years.

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

Address: \_\_\_\_\_  
\_\_\_\_\_

<b>WORK PERIOD:</b>	<b>FROM</b>	_____	<b>TO</b>	_____
		MM / YYYY		

Tel. #: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Tel. #: \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

<b>WORK PERIOD:</b>	<b>FROM</b>	_____	<b>TO</b>	_____
		MM / YYYY		

Tel. #: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Tel. #: \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

<b>WORK PERIOD:</b>	<b>FROM</b>	_____	<b>TO</b>	_____
		MM / YYYY		

Tel. #: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Tel. #: \_\_\_\_\_

_____ Signature	<b>DATE</b> _____ MM / DD / YYYY
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**PLEASE FAX OR MAIL TO THE CWB AND RETAIN A COPY FOR YOUR FILE.**

<b>FOR CWB USE ONLY:</b>	Review and Acceptance By: _____	Date: _____
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