



Company Code

### COMPANY NAME, ADDRESS AND SCOPE OF OPERATIONS

THIS FORM IS FOR:  NAME AND/OR ADDRESS CHANGE  
 SCOPE CHANGE

STANDARD			
<input type="checkbox"/> W47.1	<input type="checkbox"/> W47.2	<input type="checkbox"/> W55.3	<input type="checkbox"/> W186

**CERTIFICATION APPLIES TO THE FOLLOWING FACILITY:**  
Provide the exact name of the Company Plant, Division and the Address to which certification applies.  
(Do not show the address as a Post Office Box. An exact street address is required)

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

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

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Is the designated Certification Contact located at the above address  or at the address shown below

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

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**SCOPE OR TYPE OF WORK TO WHICH CERTIFICATION APPLIES**  
If this Form is for a Scope change describe below the Scope or Type of Work performed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE	_____
	MM / DD / YYYY

\_\_\_\_\_  
Signature of Chief Executive Officer, Designate or Certification Contact