



CWB USE ONLY	
1. Check #:	_____
2. Date Rec'd:	_____
3. Amount:	_____
4. Account #:	_____
CHARGE MY VISA:	
#:	_____
Exp. Date:	_____

CANDIDATE APPLICATION

INSTRUCTIONS: Please complete the attached application form and submit it with supporting documentation to the CWB. Read Appendix I for information on Fees.

1 DIPLOMA REQUESTED

- International Welding Engineer
- International Welding Technologist
- International Welding Specialist
- International Welding Practitioner

1.1 Are you currently attending courses at an Approved Training Body? No Yes

1.2 Have you completed courses at an Approved Training Body: No Yes

1.3 Please indicate the name of the Approved Training Body: _____

1.4 I wish to apply for: Access Transition

2. PERSONAL INFORMATION (All Access and Transition Candidates)

_____ Last Name First Name Middle Initial

_____ List Company Name ONLY if address is Company Address Company Address if different from below

_____ Street Apt. #

_____ City Province Postal Code

_____ Home Telephone: (Country Code) Area Code & Number Work Telephone: (Country Code) Area Code & Number

_____ Fax Number: Area Code & Number

Date of Birth							
	Month	Day	Year				

_____ E-Mail Address

P. Eng. or CET Registration #							

_____ Country

3. PRODUCTS

- Check items in Columns A only when your own welding practice experience is pertinent.
- Check in Columns B items which are fabricated by the company named in this application form.

A	WELDED PRODUCTS	B	A	WELDED PRODUCTS	B	A	WELDED PRODUCTS	B
1	<input type="checkbox"/> Bridge Elements	1 <input type="checkbox"/>	9	<input type="checkbox"/> Transmission Towers	9 <input type="checkbox"/>	29	<input type="checkbox"/> Earth Moving Equipment	29 <input type="checkbox"/>
a	<input type="checkbox"/> Railways	a <input type="checkbox"/>	10	<input type="checkbox"/> Highway Sign Posts	10 <input type="checkbox"/>	30	<input type="checkbox"/> Snow Ploughs	30 <input type="checkbox"/>
b	<input type="checkbox"/> Highways	b <input type="checkbox"/>	11	<input type="checkbox"/> Smoke Stacks	11 <input type="checkbox"/>	31	<input type="checkbox"/> Road Machinery	31 <input type="checkbox"/>
c	<input type="checkbox"/> Orthotropic	c <input type="checkbox"/>	12	<input type="checkbox"/> Lighting Posts	12 <input type="checkbox"/>	32	<input type="checkbox"/> Pipelines	32 <input type="checkbox"/>
d	<input type="checkbox"/> Box <input type="checkbox"/> Plate Girders	d <input type="checkbox"/>	13	<input type="checkbox"/> Power Boilers	13 <input type="checkbox"/>	33	<input type="checkbox"/> Pulp & Paper Machinery	33 <input type="checkbox"/>
2	<input type="checkbox"/> Crane Runways	2 <input type="checkbox"/>	14	<input type="checkbox"/> Vessels	14 <input type="checkbox"/>	34	<input type="checkbox"/> Water Storage Tanks	34 <input type="checkbox"/>
3	<input type="checkbox"/> Crane Bridge Girders	3 <input type="checkbox"/>	a	<input type="checkbox"/> Nuclear, Class A	a <input type="checkbox"/>	a	<input type="checkbox"/> Ground Level	a <input type="checkbox"/>
4	<input type="checkbox"/> Crane Runway Supports	4 <input type="checkbox"/>	b	<input type="checkbox"/> Nuclear, Class B	b <input type="checkbox"/>	b	<input type="checkbox"/> Elevated	b <input type="checkbox"/>
a	<input type="checkbox"/> Up to 20 tons	a <input type="checkbox"/>	c	<input type="checkbox"/> Nuclear, Class C	c <input type="checkbox"/>	35	<input type="checkbox"/> Fuel Storage Tanks	35 <input type="checkbox"/>
b	<input type="checkbox"/> Over 20 to 100 tons	b <input type="checkbox"/>	d	<input type="checkbox"/> Unfired Pressure Cont. Hazz. Liquid	d <input type="checkbox"/>	a	<input type="checkbox"/> Ground Level	a <input type="checkbox"/>
c	<input type="checkbox"/> Over 100 tons	c <input type="checkbox"/>	e	<input type="checkbox"/> Unfired Pressure Cont. Gas > 15 psi	e <input type="checkbox"/>	b	<input type="checkbox"/> Elevated	b <input type="checkbox"/>
5	<input type="checkbox"/> Multi-Storey Buildings	5 <input type="checkbox"/>	f	<input type="checkbox"/> Steam - 15 psi	f <input type="checkbox"/>	36	<input type="checkbox"/> Fixed Offshore Structures Components	36 <input type="checkbox"/>
a	<input type="checkbox"/> Moment connections	a <input type="checkbox"/>	g	<input type="checkbox"/> Hot Water - 160 psi	g <input type="checkbox"/>	37	<input type="checkbox"/> Tubular K, Y & T Welded Connections	37 <input type="checkbox"/>
b	<input type="checkbox"/> Continuous Beams	b <input type="checkbox"/>	h	<input type="checkbox"/> Cryogenic Serv.	h <input type="checkbox"/>	38	<input type="checkbox"/> Reinforcing Bars	38 <input type="checkbox"/>
c	<input type="checkbox"/> Heavy 3-4 Plate Columns	c <input type="checkbox"/>	15	<input type="checkbox"/> Heat Exchangers	15 <input type="checkbox"/>	39	<input type="checkbox"/> Resistance Welding	39 <input type="checkbox"/>
6	<input type="checkbox"/> Rigid Frames	6 <input type="checkbox"/>	16	<input type="checkbox"/> Steam Piping	16 <input type="checkbox"/>	a	<input type="checkbox"/> Beams	a <input type="checkbox"/>
a	<input type="checkbox"/> Wide-Flange	a <input type="checkbox"/>	17	<input type="checkbox"/> Scroll Cases	17 <input type="checkbox"/>	b	<input type="checkbox"/> Joists	b <input type="checkbox"/>
b	<input type="checkbox"/> 3-Plate	b <input type="checkbox"/>	18	<input type="checkbox"/> Steam Turbines	18 <input type="checkbox"/>	40	<input type="checkbox"/> Mining Equipment & Machinery	40 <input type="checkbox"/>
c	<input type="checkbox"/> Trussed	c <input type="checkbox"/>	19	<input type="checkbox"/> Gas Turbines	19 <input type="checkbox"/>	41	<input type="checkbox"/> List others which relate to Aluminum Welding	41 <input type="checkbox"/>
7	<input type="checkbox"/> Commercial/Industrial Buildings	7 <input type="checkbox"/>	20	<input type="checkbox"/> Motors and Generators	20 <input type="checkbox"/>	a	<input type="checkbox"/> _____	a <input type="checkbox"/>
a	<input type="checkbox"/> Plate Girders	a <input type="checkbox"/>	21	<input type="checkbox"/> Hydraulic Turbines	21 <input type="checkbox"/>	b	<input type="checkbox"/> _____	b <input type="checkbox"/>
b	<input type="checkbox"/> Cantilever Systems	b <input type="checkbox"/>	22	<input type="checkbox"/> Hydraulic Turbine Generators	22 <input type="checkbox"/>	42	<input type="checkbox"/> Others	42 <input type="checkbox"/>
c	<input type="checkbox"/> Flex. Connections, Framed	c <input type="checkbox"/>	23	<input type="checkbox"/> Power Transformers	23 <input type="checkbox"/>	a	<input type="checkbox"/> _____	a <input type="checkbox"/>
d	<input type="checkbox"/> Flex. Connections, Seated	d <input type="checkbox"/>	24	<input type="checkbox"/> Distribution Transformers	24 <input type="checkbox"/>	b	<input type="checkbox"/> _____	b <input type="checkbox"/>
e	<input type="checkbox"/> Beam Splices	e <input type="checkbox"/>	25	<input type="checkbox"/> Transportation	25 <input type="checkbox"/>	42	<input type="checkbox"/> Others	42 <input type="checkbox"/>
f	<input type="checkbox"/> Column Splices	f <input type="checkbox"/>	a	<input type="checkbox"/> Railway Cars	a <input type="checkbox"/>	a	<input type="checkbox"/> _____	a <input type="checkbox"/>
g	<input type="checkbox"/> Grillages (Foundations)	g <input type="checkbox"/>	b	<input type="checkbox"/> Subway Cars	b <input type="checkbox"/>	b	<input type="checkbox"/> _____	b <input type="checkbox"/>
h	<input type="checkbox"/> Column Bases with Moment	h <input type="checkbox"/>	c	<input type="checkbox"/> Tank Cars	c <input type="checkbox"/>	42	<input type="checkbox"/> Others	42 <input type="checkbox"/>
i	<input type="checkbox"/> Exp. Beams (Castellated)	i <input type="checkbox"/>	d	<input type="checkbox"/> Trucks	d <input type="checkbox"/>	a	<input type="checkbox"/> _____	a <input type="checkbox"/>
j	<input type="checkbox"/> Reinforced Web Openings	j <input type="checkbox"/>	e	<input type="checkbox"/> Trailers	e <input type="checkbox"/>	b	<input type="checkbox"/> _____	b <input type="checkbox"/>
8	<input type="checkbox"/> Trusswork	8 <input type="checkbox"/>	f	<input type="checkbox"/> Equipment	f <input type="checkbox"/>	42	<input type="checkbox"/> Others	42 <input type="checkbox"/>
a	<input type="checkbox"/> Wide Flange or 3 Plate Member	a <input type="checkbox"/>	26	<input type="checkbox"/> Crane Booms	26 <input type="checkbox"/>	a	<input type="checkbox"/> _____	a <input type="checkbox"/>
b	<input type="checkbox"/> Light Sections (Angles, Tees)	b <input type="checkbox"/>	27	<input type="checkbox"/> Steel Mill Rolling Equipment	27 <input type="checkbox"/>	b	<input type="checkbox"/> _____	b <input type="checkbox"/>
c	<input type="checkbox"/> Tubular	c <input type="checkbox"/>	28	<input type="checkbox"/> Elevating Devices	28 <input type="checkbox"/>			
d	<input type="checkbox"/> OWSJ	d <input type="checkbox"/>						

3.1 (a) Indicate company's primary products (by no. above): _____

(b) Indicate company's secondary products (by no. above): _____

4. MATERIALS

- Check items in Columns A only when your own welding practice experience is pertinent.
- Check in Columns B items which are fabricated by the company named in this application form.

A	WELDED PRODUCTS	B	A	WELDED PRODUCTS	B	A	WELDED PRODUCTS	B
4.1 PREPARATION OF JOINTS			4.4 MATERIALS (cont'd)			4.5 WELDING PROCESSES (cont'd)		
1	<input type="checkbox"/> Mechanical Cutting	1 <input type="checkbox"/>	6	<input type="checkbox"/> C-Mo-Steel	6 <input type="checkbox"/>	8	<input type="checkbox"/> ESW	8 <input type="checkbox"/>
2	<input type="checkbox"/> Flame Cutting	2 <input type="checkbox"/>	a	<input type="checkbox"/> Plate	a <input type="checkbox"/>		<i>Solid</i> <i>Cored</i> <i>Consum Nozzle</i>	
3	<input type="checkbox"/> Plasma Cutting	3 <input type="checkbox"/>	b	<input type="checkbox"/> Tube	b <input type="checkbox"/>	a	<input type="checkbox"/> 1 <input type="checkbox"/>	a <input type="checkbox"/>
4	<input type="checkbox"/> Gouging	4 <input type="checkbox"/>	c	<input type="checkbox"/> Pipe	c <input type="checkbox"/>	b	<input type="checkbox"/> 2 <input type="checkbox"/>	b <input type="checkbox"/>
4.2 HEAT TREATMENT			7	<input type="checkbox"/> Cr-Mo Steel	7 <input type="checkbox"/>	c	<input type="checkbox"/> 3 <input type="checkbox"/>	c <input type="checkbox"/>
1	<input type="checkbox"/> Preheating	1 <input type="checkbox"/>	a	<input type="checkbox"/> Plate	a <input type="checkbox"/>		<i>Mild</i> <i>Low Alloy</i>	
2	<input type="checkbox"/> Stress Relieving	2 <input type="checkbox"/>	b	<input type="checkbox"/> Tube	b <input type="checkbox"/>	9	<input type="checkbox"/> EGW	9 <input type="checkbox"/>
3	<input type="checkbox"/> Annealing	3 <input type="checkbox"/>	c	<input type="checkbox"/> Pipe	c <input type="checkbox"/>	10	<input type="checkbox"/> Other Processes	10 <input type="checkbox"/>
4	<input type="checkbox"/> Normalizing	4 <input type="checkbox"/>	d	<input type="checkbox"/> Casting	d <input type="checkbox"/>	a	<input type="checkbox"/> Stud Welding	a <input type="checkbox"/>
5	<input type="checkbox"/> Hardening	5 <input type="checkbox"/>	8	<input type="checkbox"/> Mn-Mo Plate	8 <input type="checkbox"/>	b	<input type="checkbox"/> Thermit Welding	b <input type="checkbox"/>
6	<input type="checkbox"/> Tempering	6 <input type="checkbox"/>	9	<input type="checkbox"/> Mn-Mo-Ni Plate	9 <input type="checkbox"/>	c	<input type="checkbox"/> _____	c <input type="checkbox"/>
4.3 WELDABILITY			10	<input type="checkbox"/> Cr-Ni Steel	10 <input type="checkbox"/>	4.6 EQUIPMENT		
1	<input type="checkbox"/> Effects of Chemistry		a	<input type="checkbox"/> Plate	a <input type="checkbox"/>	1	<input type="checkbox"/> Power Sources	1 <input type="checkbox"/>
2	<input type="checkbox"/> Effects of Heat Treatment on Mechanical Properties		b	<input type="checkbox"/> Tube	b <input type="checkbox"/>	a	<input type="checkbox"/> AC - Constant Current	a <input type="checkbox"/>
4.4 MATERIALS*			c	<input type="checkbox"/> Pipe	c <input type="checkbox"/>	b	<input type="checkbox"/> DC - Generator - Constant Current	b <input type="checkbox"/>
	<i>Shapes</i> <i>Plate</i>		d	<input type="checkbox"/> Casting	d <input type="checkbox"/>	c	<input type="checkbox"/> DC - Generator/Constant Voltage	c <input type="checkbox"/>
1	<input type="checkbox"/> CSA G40.21	1 <input type="checkbox"/>	11	<input type="checkbox"/> Stainless Shapes	11 <input type="checkbox"/>	d	<input type="checkbox"/> Rectifier/Constant Current	d <input type="checkbox"/>
a	<input type="checkbox"/> Grade up to 350 <input type="checkbox"/>	a <input type="checkbox"/>	12	<input type="checkbox"/> Mn-V Steel	12 <input type="checkbox"/>	e	<input type="checkbox"/> Rectifier/Constant Voltage	e <input type="checkbox"/>
b	<input type="checkbox"/> Over 350 to 400 <input type="checkbox"/>	b <input type="checkbox"/>	a	<input type="checkbox"/> Plate	a <input type="checkbox"/>	f	<input type="checkbox"/> _____	f <input type="checkbox"/>
c	<input type="checkbox"/> Over 400 to 480 <input type="checkbox"/>	c <input type="checkbox"/>	b	<input type="checkbox"/> Casting	b <input type="checkbox"/>	4.7 WORKMANSHIP WELD FAULTS AND QUALITY CONTROL		
d	<input type="checkbox"/> Type 350A <input type="checkbox"/>	d <input type="checkbox"/>	13	<input type="checkbox"/> Aluminum Alloys	13 <input type="checkbox"/>	1	<input type="checkbox"/> Storage of LH (Basic) Electrodes	1 <input type="checkbox"/>
e	<input type="checkbox"/> Grade 700 <input type="checkbox"/>	e <input type="checkbox"/>	a	<input type="checkbox"/> 6061	a <input type="checkbox"/>	2	<input type="checkbox"/> Dimensional Tolerances	2 <input type="checkbox"/>
Others			b	<input type="checkbox"/> 5083	b <input type="checkbox"/>	a	<input type="checkbox"/> Fit-Up	a <input type="checkbox"/>
f	<input type="checkbox"/> _____ <input type="checkbox"/>	f <input type="checkbox"/>	c	<input type="checkbox"/> 1100	c <input type="checkbox"/>	b	<input type="checkbox"/> Finished product	b <input type="checkbox"/>
g	<input type="checkbox"/> _____ <input type="checkbox"/>	g <input type="checkbox"/>	d	<input type="checkbox"/> _____	d <input type="checkbox"/>	3	<input type="checkbox"/> Weld Faults	3 <input type="checkbox"/>
h	<input type="checkbox"/> _____ <input type="checkbox"/>	h <input type="checkbox"/>	4.5 WELDING PROCESSES			a	<input type="checkbox"/> Fusion Defects - CAUSE	a <input type="checkbox"/>
i	<input type="checkbox"/> _____ <input type="checkbox"/>	i <input type="checkbox"/>				b	<input type="checkbox"/> Fusion Defects - REMEDY	b <input type="checkbox"/>
j	<input type="checkbox"/> _____ <input type="checkbox"/>	j <input type="checkbox"/>				c	<input type="checkbox"/> Extern. Defects - CAUSE	c <input type="checkbox"/>
2	<input type="checkbox"/> Carbon Steel	2 <input type="checkbox"/>				d	<input type="checkbox"/> Extern. Defects - REMEDY	d <input type="checkbox"/>
a	<input type="checkbox"/> Shapes	a <input type="checkbox"/>	1	<input type="checkbox"/> SMAW	1 <input type="checkbox"/>	4	<input type="checkbox"/> Inspection Methods	4 <input type="checkbox"/>
b	<input type="checkbox"/> Plate	b <input type="checkbox"/>				a	<input type="checkbox"/> Destructive	a <input type="checkbox"/>
c	<input type="checkbox"/> Sheet	c <input type="checkbox"/>				b	<input type="checkbox"/> Nondestructive	b <input type="checkbox"/>
d	<input type="checkbox"/> Casting	d <input type="checkbox"/>				5	<input type="checkbox"/> Quality Criteria - Codes	5 <input type="checkbox"/>
e	<input type="checkbox"/> Forging	e <input type="checkbox"/>				a	<input type="checkbox"/> _____	a <input type="checkbox"/>
3	<input type="checkbox"/> C-Si Steel Plate	3 <input type="checkbox"/>				b	<input type="checkbox"/> _____	b <input type="checkbox"/>
4	<input type="checkbox"/> C-Mn Steel Plate	4 <input type="checkbox"/>				c	<input type="checkbox"/> _____	c <input type="checkbox"/>
5	<input type="checkbox"/> C-Mn-Si Steel Plate	5 <input type="checkbox"/>						

* Steel grades in units of MPa

5. QUALIFYING WORK EXPERIENCE (All Transition Candidates Only)

NOTE: YOU MAY SUBMIT YOUR RESUME BUT THIS SECTION NEEDS TO BE COMPLETED. You are required to demonstrate your work experience in the field of welding. If you have held more than one position with the same employer, list each position, including dates, on a separate line in Part B. Complete a work experience form for each employer, listing your present or most recent employer first.
MAKE AS MANY COPIES OF THIS FORM AS NEEDED.

WORK EXPERIENCE FORM					Form	of	
A. EMPLOYER:							
Company Name: _____		Dept./Division: _____		E-MAIL: _____			
Supervisor/Point of Contact: _____			Tel. No.: _____				
P.O. Box/Street No. _____							
City: _____		State/Province: _____		Country: _____		Zip/Postal Code: _____	
						For ANB Staff Use:	
B.	Job Title	FROM		TO		Total # of years here	Total years recognized
		Month	Year	Month	Year		

Primary product or service at this employer: _____							
C. Experience Requirements:							
<ul style="list-style-type: none"> • Check the box(es) below which best describes your main experience(s). • Indicate the type of activity or function most closely related to your duties, (safety, design, metallurgy, welding/cutting/joining process, QA/QC). 							
Sample.....							
<input checked="" type="checkbox"/>	Manufacturing	<i>Welding QA, designed welder qualification program, designed supplier qualification system.</i>					
	Manufacturing						
	Fabrication						
	Construction						
	Research & Development						
	Training						
E. Give a brief description of your activities and experience as they relate to the functions and activities of the holder of the diploma requested.							

6. EDUCATIONAL BACKGROUND (All Access and Transition Candidates)

<p>A Circle the highest grade and years attended at each level:</p> <p>1. Grade and secondary school (including vocational): 7 / 8 / 9 / 10 / 11 / 12</p> <p>2. After secondary school: Trade or Technical Vocational:..... 1 / 2 / 3 / 4</p> <p>3. College 1 / 2 / 3 / 4 More than 4</p> <p>4. University B.Sc./BASC/Masters/PhD</p>	<p>B Complete the following if you graduated secondary school or earned a secondary school equivalency diploma.</p> <p>1. Date of Graduation/Issue: _____</p> <p>2. Name of City and School/Issuing Agency: _____ _____</p>
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List education below. **You must attach supporting documentation** (e.g., copies of transcripts, diplomas, course descriptions, etc.). For Access Candidates, if you have not yet graduated, please indicate the expected date of graduation.

Name and Address of Institution	DATES				Course of Study	If graduated, check one:
	FROM	TO	TO	TO		
						<input type="checkbox"/> Masters in Welding Engineering <input type="checkbox"/> B.Sc. or BASC in Engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> Engineering Technology <input type="checkbox"/> Secondary or Vocational Secondary School Diploma
						<input type="checkbox"/> Masters in Welding Engineering <input type="checkbox"/> B.Sc. or BASC in Engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> Engineering Technology <input type="checkbox"/> Secondary or Vocational Secondary School Diploma
						<input type="checkbox"/> Masters in Welding Engineering <input type="checkbox"/> B.Sc. or BASC in Engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> Engineering Technology <input type="checkbox"/> Secondary or Vocational Secondary School Diploma
						<input type="checkbox"/> Masters in Welding Engineering <input type="checkbox"/> B.Sc. or BASC in Engineering <input type="checkbox"/> B.Sc. related discipline <input type="checkbox"/> Engineering Technology <input type="checkbox"/> Secondary or Vocational Secondary School Diploma

7. CONTINUING EDUCATION (Transition Only)

Please indicate below the courses that you have completed. Please attach certificates of completion and course syllabi for each course claimed.			
Course Title	Hours	Date Course Started	Date Course Completed

**8. PROFESSIONAL ENGINEER (P. Eng.) in Welding Engineering or CET STATUS
(Transition Route Only)**

Please provide information about your P. Eng. or CET:

A. Licence Number: _____

B. Issue Date: _____

Please attach a copy of your license to this application.

9. DECLARATION (All Access and Transition Candidates)

I certify that the information I have included on this application and the letters submitted are true; I understand that any false statement will nullify this application; I give CWB acting as the Canadian ANB permission to verify this information; I agree to comply with the provisions set forth in the IIW Guideline concerning the administration of my examination and award of diploma; and I have read and understand the *Notification of Misuse of Diploma* (Appendix II).

The collection and use of my birth date is a requirement of the IIW and is printed on approved certificates. I authorize the use of my birth date for identification and administration purposes.

Signature: _____ Date: _____

Failure to supply the necessary information will necessitate return of this Form and delay the processing of the application.

10. EMPLOYMENT VERIFICATION (All Transition Candidates Only)

Name: _____

Applicant, please enter your name and then forward to your supervisor for completion. Make as many copies of this form as necessary so each employer may use it to demonstrate your years of experience. These forms **must** accompany your application.

Dear Supervisor:

_____ has applied to receive a diploma as an IIW International

(Insert Diploma Title)

By making this application, he/she has stated that they have worked for you performing duties considered within the scope of welding as checked below. This work experience is defined as one or more of the following and has been described by the applicant in the body of their application:

- Manufacturing.** Experience shall consist of the design, application, or operation of welding lines or cells for the manufacture of welded products such as automobiles, appliances, welded pipe, or other welded standard products.
- Fabrication.** Experience shall consist of the design, application, or operation of welding facilities that fabricate welded products. Fabricated products may be covered by national, customer, or internal standards or specifications.
- Construction.** Experience shall consist of design on welding construction or projects such as buildings, pipelines, ships, plants and power generation facilities, etc., application or operation of welding facilities that fabricate welded products.
- Research and Development.** Experience shall consist of research and development to enhance welded products or processes, welding materials, manufacturing, fabrication, field erection of welded products or the design of welding manufacturing systems.
- Training.** Experience shall consist of the instruction of courses in various welding topics or related technologies.

Period of Employment:

Job Title	Start Date	End Date
Job Title	Start Date	End Date

Company Name: _____ Dept./Division: _____

P.O. Box/Street No. _____ Company E-Mail: _____

City: _____ Province: _____ Postal Code: _____ Tel. No: _____

Comments:

I verify that _____
is/was employed by this company and does/did carry out the described principal duties during the employment period(s) indicated on this application.

My Name is: _____ My Job Title is: _____

Signature: _____ Date: _____

For verification you may contact me by: phone: _____ during these hours _____
 or by email (if different from above)



APPENDIX I

CANDIDATE APPLICATION FEES

IIW Diploma issued under Transition Arrangements	-	\$280.00 + GST Payable upon submission of application
ATB Student Examination and Diploma Fee	-	\$280.00 + GST Payable upon ATB request for examinations

NOTE:

Applications received without the fee will not be reviewed. Should the candidate not be eligible, the fee will be refunded less a \$30.00 service charge.

APPENDIX II

Notification of Misuse of Diploma

In the case of wrong information or falsification of documentation being provided on the application and in individual's file, the diploma will be withdrawn and legal action may be taken. The diploma holder is responsible for the correct use of the IIW diploma. Any cases of misuse of IIW diplomas by individuals or third parties discovered by the ANB may be dealt with, for example, by reporting it to legal authority, publishing the facts of the case, recalling the diploma, etc.