



## LIST OF PERSONNEL - MULTI PLANT CERTIFICATIONS

Use this form to list the personnel at a facility that has been or is to be included as part of a parent company's existing certification.

Initial Application in Division

Division change From to

Update of Information

Company Code for this location: \_\_\_\_\_ Main Plant (Parent) Company Code: \_\_\_\_\_  
(if known)

### THIS LIST APPLIES TO PERSONNEL AT THE FOLLOWING SHOP/PLANT/DIVISION

Shop/Plant/Division Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Same as above, OR: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Same as above, OR: \_\_\_\_\_

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

1. a. Shop/Plant Management (Name &amp; Title): \_\_\_\_\_ \*Email: \_\_\_\_\_

b. Shop/Plant Management (Name &amp; Title): \_\_\_\_\_ \*Email: \_\_\_\_\_

2. Certification Contact at this location (Name &amp; Title): \_\_\_\_\_ Cell No.: \_\_\_\_\_

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

### 3. For Division 1 and 2 companies, list the name(s) of the designated Welding Engineer(s).

Welding Engineer: \_\_\_\_\_ \*Email: \_\_\_\_\_ Employed \_\_\_\_\_ Retained \_\_\_\_\_

Welding Engineer: \_\_\_\_\_ \*Email: \_\_\_\_\_ Employed \_\_\_\_\_ Retained \_\_\_\_\_

4. Welding Supervisor: \_\_\_\_\_ \*Email \_\_\_\_\_ Cell no. \_\_\_\_\_

Welding Supervisor: \_\_\_\_\_ \*Email \_\_\_\_\_ Cell no. \_\_\_\_\_

Welding Supervisor: \_\_\_\_\_ \*Email \_\_\_\_\_ Cell no. \_\_\_\_\_

Welding Supervisor: \_\_\_\_\_ \*Email \_\_\_\_\_ Cell no. \_\_\_\_\_

**NOTE: \*EMAIL MANDATORY. ANY PERSONNEL CHANGES IN AREAS 1 TO 4 ABOVE REQUIRE A NEW FORM, FULLY COMPLETED. EMAIL TO: [forms@cwbggroup.org](mailto:forms@cwbggroup.org) AND RETAIN A COPY FOR YOUR FILE.**

I designate the personnel listed above and ensure that they have been granted such authority as will enable them to properly and freely discharge their responsibilities under the Standard specified above.

DATE	_____
	MM / DD / YYYY

\_\_\_\_\_  
Signature of Chief Executive Officer or Authorized Designate