



Company Code

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

WELDING SUPERVISOR'S RESUME

Welding Supervisor
Candidate:

Company
Name:

(PLEASE PRINT NAME)

Company Address:

City: _____ Prov./State: _____ Country: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

WELDING RELATED WORK EXPERIENCE:

(As a minimum list all employers over the past 5 years. Attach an additional sheet if more space is required)

NAME OF EMPLOYER (List most recent employer first)	FROM MM / YYYY	TO MM / YYYY	Indicate Job Title, Primary Duties Performed and/or Responsibilities Held
		Present	

PLEASE SELECT FROM THE FOLLOWING FOR POSSIBLE EXEMPTIONS:

- I qualified as a Welding Supervisor while employed by: _____
- I have completed CWB Education modules (please list / Transcript attached): _____
- I am currently/have been certified to CSA Standard W178.2, Certification of Welding Inspectors, and my certification includes/included the required CSA endorsement code. Reg. # _____
- I am qualified via:
 - AWS - American Welding Society - CAWI / CWI / SCWI (Certificate attached)
 - WET - Welding Engineer Technologist / Technician (Certificate attached)
 - IIW - International Institute of Welding - IWE / IWT / IWI / IWS / IWP (Certificate attached)

NOTE: DOCUMENTATION TO SUBSTANTIATE EDUCATIONAL, AND/OR EXEMPTION CLAIMS MADE ABOVE MUST BE INCLUDED WITH THIS APPLICATION. FAILURE TO PROVIDE THE SUPPLEMENTARY INFORMATION REQUESTED WILL NECESSITATE RETURN OF THIS FORM.

Candidate's Signature

DATE	
	MM / DD / YYYY

PLEASE SUBMIT TO THE CWB VIA MAIL, EMAIL OR FAX AND RETAIN A COPY FOR YOUR FILE.

FOR CWB USE ONLY

	DATE		
	MM / DD / YYYY		
Exams completed			Please initial acceptance
Years of fabrication experience			
Verbal Exam completed			

From the information made available to me, this Welding Supervisor has met all of the qualification requirements of the pertinent CSA Standard.

Signature

DATE	
	MM / DD / YYYY