



Company Code

Language Preference

 English French

CWB Form 150E-4/2022-1

APPLICATION FOR TEST CENTRE ACCREDITATION

THIS APPLICATION IS **INITIAL APPLICATION** **FILE REINSTATEMENT**

(Check appropriate box)

Organization Name: _____ (Submittor)

Mailing Address: _____ (For PO Boxes, also complete physical address in section below)

City or Town: _____ Province/State: _____ Country: _____ Postal/Zip Code: _____

Telephone: _____ Fax Number: _____

Name of Chief Executive Officer: _____ Email: _____

ACCREDITATION IS REQUESTED FOR THE ABOVE LOCATION OR AS FOLLOWS:

Name of Test Centre which is to be accredited: _____			
Address: _____ <small>(Exact Street Address Required / PO Box Not Permitted)</small>			
City or Town: _____	Province/State: _____	Country: _____	Postal/Zip Code: _____
Telephone: _____		Fax Number: _____	

I hereby make application for accreditation of my facility to conduct welder testing for the materials/standards indicated below:

Steel (CSA W47.1)

Aluminum (CSA W47.2)

Reinforcing Bar (CSA W186)

Company Contact if not the CEO: Name: _____ Email: _____

Signature of Chief Executive Officer: _____ Date: _____

FOR CWB USE ONLY

Fee \$ _____

GST \$ _____

Total \$ _____

Quotation By: _____

Rep: _____

Quotation Date:	
	MM / DD / YYYY

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