



<b>Company Code</b>

Language Preference

 English French

CWB Form 150E-5/2022-1

## APPLICATION FOR UNION APPROVAL

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

Executive Officer: \_\_\_\_\_

**APPROVAL IS REQUESTED FOR THE ABOVE LOCATION****OR AS FOLLOWS:**

Name of Union which is to be approved: \_\_\_\_\_

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

(Exact Street Address Required / PO Box Not Permitted)

City or Town: \_\_\_\_\_ Province/ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I hereby make application for approval 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)

Union Contact if not the CEO: Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Chief Executive Officer: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE EMAIL (info@cwbgroup.org) OR FAX (1-905-543-1318) TO THE CWB  
AND RETAIN A COPY FOR YOUR RECORDS**FOR CWB USE ONLY**

CWB REPRESENTATIVE: \_\_\_\_\_

Service Agreement Date:	
	MM / DD / YYYY