



# 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: \_\_\_\_\_ (if known) Main Plant (Parent) Company Code: \_\_\_\_\_

## 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: \_\_\_\_\_

**PLEASE NOTE: \*EMAIL MANDATORY. ANY PERSONNEL CHANGES IN AREAS 1 TO 4 BELOW REQUIRE A NEW FORM FULLY COMPLETED (including new and current employees). For the latest CWB certification Documents & Forms and Certification Terms & Conditions please visit: [www.cwbgroup.org](http://www.cwbgroup.org). EMAIL TO: [forms@cwbgroup.org](mailto:forms@cwbgroup.org) AND RETAIN A COPY FOR YOUR FILE.**

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

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

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

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

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

3. 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. \_\_\_\_\_

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

### Complete this section only if the CEO's designate is to be appointed.

As Chief Executive Officer, I designate (Name & Title): \_\_\_\_\_ to act on my behalf concerning all matters related to the certification of this company

Date: MM/DD/YYYY

Signature of Chief Executive Officer