



## Welding Inspector: Six Year Recertification (Instruction Option)

Inspector name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**CSA Standard W178.2, Clause 10.5.1 b), states that an inspector may recertify by completing:**

*40 hours of instruction through a seminar(s) or course(s) acceptable to the CWB related to one or more of the following subjects, completed within three years of the recertification date:*

- i) visual welding inspection;*
- ii) non-destructive examination of welds;*
- iii) quality assurance and/or quality control;*
- iv) codes and standards; and*
- v) other welding or inspection related courses.*

Inspectors using this option for their recertification must provide evidence that they have taken continuing education course(s) that includes proof of the following:

- A detailed course description covering the subject matter related to the scope of your certification, visual welding inspection, as listed in i) to v);
- A course certificate of completion that includes the number of contact hours awarded;
- That all course certificates, if submitting more than one, equal a minimum of 40 hours of instruction; and,
- That the course(s) were all completed within three (3) years of the date of recertification.

Information accepted includes: certificates of completion, course syllabus, transcripts, etc. **If any of the above information is missing, the submission will be returned to the candidate.**

Please complete the following table and provide the record(s) of instruction, dates taken, and hours claimed. Please note that the CWB will only review training that falls into one of these categories.

	Seminar/Course Name	Dates	Training Hours Claimed	For CWB Use Only
i) visual welding inspection;				
ii) non-destructive examination of welds;				
iii) quality assurance and/or quality control;				
iv) codes and standards; and				
v) other welding or inspection related courses.				
TOTAL Hours				

**Please attach/submit supporting information for all training listed above.**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Return completed form and attachment(s) to: [inspector@cwbgroupp.org](mailto:inspector@cwbgroupp.org)

FOR CWB USE ONLY:

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_