

APPLICATION FOR STUD BASE QUALIFICATION TO CSA STANDARD W59

Company Name: _____

Address: _____

Street
City of Town
Province/State
Postal/Zip Code

Telephone Number: _____ Fax Number: _____

STUD MANUFACTURER SAME AS ABOVE **OR:**

Manufacturer: _____

Address for Point of Manufacture: _____

Street
City of Town
Province/State
Postal/Zip Code

Telephone Number: _____ Fax Number: _____

List of Contacts: (Name & Title) _____

TRADE NAME	DIAMETER mm / inches	LENGTH mm / inches	INDICATE TYPE OF STUD AND TESTING REQUIREMENTS			
			THREADED	NON-THREADED	TESTING TO CL. H.4 W59	TESTING THROUGH DECKING CL. 7.9 AWS D1.1

NOTE: If additional space is required use a separate sheet and attach to this application form.

Data enclosed relating to Clause H4.3, Appendix H of W59 YES NO
Quality Assurance Program in place at Point of Manufacturing YES NO

Application Fee (\$380.00 Can.) Enclosed

(Note: Application fee is totally refundable for thirty (30) days after date of application if request for application is withdrawn by the above listed company in writing.)

As the Chief Executive Officer of this Company, I hereby make application for qualification of the above listed products under the provisions of CSA Standard W59. I agree to pay costs associated with qualification of said products as set out by the Canadian Welding Bureau. I understand and agree to abide by clauses detailed in Appendix H of CSA STANDARD W59 relating to qualification of STUD BASES.

DATE	
	MM / DD / YYYY

SIGNATURE AND TITLE OF CHIEF EXECUTIVE OFFICER