



# 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      File Reinstatement

Company Code for this location:  (if known)      Main Plant Company Code:

## THIS LIST APPLIES TO PERSONNEL AT THE FOLLOWING SHOP/PLANT/DIVISION

Shop/Plant/Division Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

### 3. For Division 1 and 2 companies, list the designated Welding Engineers.

Welding Engineer: \_\_\_\_\_ Email: \_\_\_\_\_  Employed  Retained

Welding Engineer: \_\_\_\_\_ Email: \_\_\_\_\_  Employed  Retained

- 4. Welding Supervisor (Name & Title): \_\_\_\_\_ Email and/or Cell no. \_\_\_\_\_
- Welding Supervisor (Name & Title): \_\_\_\_\_ Email and/or Cell no. \_\_\_\_\_
- Welding Supervisor (Name & Title): \_\_\_\_\_ Email and/or Cell no. \_\_\_\_\_
- Welding Supervisor (Name & Title): \_\_\_\_\_ Email and/or Cell no. \_\_\_\_\_

**NOTE: ANY PERSONNEL CHANGES IN AREAS 1 TO 4 ABOVE REQUIRE A NEW FORM, FULLY COMPLETED. MAIL OR FAX TO THE CWB AND RETAIN A COPY FOR YOUR FILE.**

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