



|              |
|--------------|
| Company Code |
|              |

| STANDARD                       |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> W47.1 | <input type="checkbox"/> W55.3 |
| <input type="checkbox"/> W47.2 | <input type="checkbox"/> W186  |

## WELDING SUPERVISOR'S RESUME

Welding Supervisor Candidate: \_\_\_\_\_ (PLEASE PRINT NAME)      Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**WELDING RELATED WORK EXPERIENCE:**

(As a minimum list all employers over the past 5 years. Attach an additional sheet if more space is required)

| NAME OF COMPANY | FROM<br>MM / YYYY | TO<br>MM / YYYY | Indicate Job Title, Primary Duties Performed<br>and/or Responsibilities Held |
|-----------------|-------------------|-----------------|--|
|                 |                   | Present         |  |
|                 |                   |                 |  |
|                 |                   |                 |  |
|                 |                   |                 |  |
|                 |                   |                 |  |
|                 |                   |                 |  |
|                 |                   |                 |  |

**PLEASE SELECT FROM THE FOLLOWING FOR POSSIBLE EXEMPTIONS:**

- I qualified as a Welding Supervisor while employed by: \_\_\_\_\_
- I am currently certified to CSA Standard W178.2, Certification of Welding Inspectors, and my certification includes the required CSA endorsement code. Reg. # \_\_\_\_\_
- I am qualified via:
  - AWS - American Welding Society - CAWI / CWI / SCWI (Certificate attached)
  - WET - Welding Engineer Technologist / Technician (Certificate attached)
  - IIW - International Institute of Welding - IWE / IWT / IWI / IWS (Certificate attached)

**NOTE: DOCUMENTATION TO SUBSTANTIATE EDUCATIONAL, AND/OR EXEMPTION CLAIMS MADE ABOVE MUST BE INCLUDED WITH THIS APPLICATION. FAILURE TO PROVIDE THE SUPPLEMENTARY INFORMATION REQUESTED WILL NECESSITATE RETURN OF THIS FORM.**

\_\_\_\_\_  
 Candidate's Signature      

|      |                |
|------|----------------|
| DATE | MM / DD / YYYY |
|------|----------------|

All applicants will receive a complimentary Basic CWA Membership. Check this box if you do not wish to receive this membership.   
**PLEASE SUBMIT TO THE CWB VIA MAIL, EMAIL OR FAX AND RETAIN A COPY FOR YOUR FILE.**

**FOR CWB USE ONLY**

|                                 | DATE<br>MM / DD / YYYY |  |                              |
|---------------------------------|------------------------|--|------------------------------|
| Exams completed                 |                        |  | Please initial<br>acceptance |
| Years of fabrication experience |                        |  |                              |
| Verbal Exam completed           |                        |  |                              |

From the information made available to me, this Welding Supervisor has met all of the qualification requirements of the pertinent CSA Standard.

\_\_\_\_\_  
 Signature      

|      |                |
|------|----------------|
| DATE | MM / DD / YYYY |
|------|----------------|