



cwbgroup

Company Code

W178.1

COMPANY NAME AND ADDRESS

- THIS FORM IS FOR:
- NAME CHANGE
 - ADDRESS CHANGE
 - SCOPE CHANGE

CERTIFICATION APPLIES TO THE FOLLOWING FACILITY:

Provide the exact name of the Company Plant, Division and the Address to which certification applies. (Do not show the address as a Post Office Box. An exact street address is required)

Company Name: _____

Address: _____

City: _____ Prov./State: _____ Country: _____ Postal Code: _____

Phone: _____ Fax: _____

Website: _____

Is the designated Certification Contact located at the above address or at the address shown below

Address: _____

City: _____ Prov./State: _____ Country: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

SCOPE OR TYPE OF WORK TO WHICH CERTIFICATION APPLIES

If this Form is for a Scope change describe below the Scope or Type of Work performed:

Note: The scope should include the product or structure types inspected and a listing of the welding inspection methods to be used.

DATE	_____
	MM / DD / YYYY

Signature of Chief Executive Officer, Designate or Certification Contact

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