



W178.1

APPLICATION FOR CERTIFICATION TO CSA STANDARD W178.1

Certification of Welding Inspection Organizations

Name of Inspection Centre: _____
(Submittor)

Address: _____

City or Town: _____ Province: _____ Country: _____ Postal Code: _____

Telephone: _____ Fax Number: _____

- 1. Chief Executive Officer (Name & Title): _____ Email: _____
- 2. a. Other Management (Name & Title): _____ Email: _____
b. Other Management (Name & Title): _____ Email: _____
- 3. Certification Contact (Name & Title): _____ Email: _____

Cell No: _____

Location of Certification Contact: Same as above: or

Business Address: _____

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

Phone: _____ Fax: _____

An Inspection Centre is an office or a shop in which one or more individuals may be authorized to issue inspection reports or give opinions to a client without the approval of a superior. Such an individual shall be certified to CSA Standard W178.2, Level 3 and be fully qualified under CSA W178.1 at the Welding Inspection Supervisor level.

This request for Certification is for the following Inspection Methods and Product Categories:

INSPECTION METHODS:

- Visual
- Radiographic
- Ultrasonic
- Magnetic Particle
- Liquid Penetrant
- Eddy Current
- Alternating Current Field Measurement (ACFM)
- Mechanical
- Metallographic

Positive Material Identification (PMI)

PRODUCT CATEGORIES:

- Buildings, Bridges, Industrial Structures, Machinery, Cranes, Rail and Road Vehicles
- Ships and Floating Marine Structures
- Mobile Drilling Units and Steel Fixed Offshore Structures
- Industrial Pipe
- Pipelines and Piping
- Pressure Vessels, Boilers, Heat Exchangers
- Storage Tanks

a.	Number of Welding Inspection Supervisors:	
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b.	Number of Welding Inspectors (not included in a.)	
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PLEASE ENSURE THAT FORM 351 HAS BEEN COMPLETED AND SUBMITTED ALONG WITH THIS FORM

SCOPE OR TYPE OF WORK TO WHICH CERTIFICATION APPLIES

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

Provide a description of the management system used for inspection and for management of welding inspection personnel records and other applicable documents.

Note: The application may include the welding inspection organization's quality assurance manual, provided that its quality assurance program is based on CAN/CSA-ISO 9001 or the equivalent.

I acknowledge having read the Service Agreement on the reverse of this application and agree to be bound by such agreement from the time certification is granted by the CWB, evidenced by the issue of a Certificate as defined in the Service Agreement.

DATE	
	MM / DD / YYYY

Signature of Chief Executive Officer

Title

Complete this section only if the CEO's designate is to be appointed.

As Chief Executive Officer, I designate (Name & Title): _____

to act on my behalf concerning all matters related to the certification of this company.

DATE	
	MM / DD / YYYY

Signature of Chief Executive Officer

The Certification Contact identified above has been designated as having responsibility for ensuring that the requirements for certification are implemented and maintained. I also designate the other 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 Designate

FOR CWB USE ONLY

Fee \$ _____

Rep: _____

GST \$ _____

Total \$ _____

Quotation By: _____

Quotation Date:	
	MM / DD / YYYY

(PLEASE MAIL OR FAX TO THE CWB AND RETAIN A COPY OF THIS FORM FOR YOUR RECORDS)