



COMPANY CODE

A660

LIST OF PERSONNEL ORGANIZATIONAL STRUCTURE

Registered Company Name: _____

Mailing Address for Accounts & Correspondence: _____
 Street _____
 City or Town _____ Province/State _____ Country _____ Postal/Zip Code _____

Telephone No.: _____ Fax No.: _____

Name & Title of Senior Officer: _____ Email: _____

INDICATE NAME OF COMPANY / PLANT / DIVISION WHICH IS TO BE CERTIFIED:

Co./Plant/Div. Name to which certification applies: _____				
Address: _____				
Street	City or Town	Province/State	Country	Postal/Zip Code
Telephone No.: _____		Fax No.: _____		

- 1) General Manager _____
(Name, Official Title & Email)
- 2) Manager of Plant _____
(Name, Official Title & Email)
- 3) Professional Engineer(s) _____
(Responsible for DESIGN & ENGINEERING in accordance with the Standard)
(Name of Company / Engineer)

(Complete Address)
- 4) Quality Control Officer _____
(Name, Title & Email)
- 5) Certification Contact Person _____
(Name, Title & Email)

As a Senior Officer of this Company I hereby designate the above listed personnel as Responsible under Clause 5 of CSA Standard A660 with respect to the duties outlined above, and ensure that they have been granted such authority as will enable them to properly and freely discharge their responsibilities under the above Standard.

It is understood that the loss or change of any of the above Personnel must be reported to CWB Registration, in writing, within 30 days. A new and fully completed **List of Personnel** form is required.

Signature of Senior Officer	Title	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">DATE</td> <td style="width: 80%;"></td> </tr> <tr> <td></td> <td style="text-align: center; font-size: small;">MONTH / DAY / YEAR</td> </tr> </table>	DATE			MONTH / DAY / YEAR
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