



APPLICATION FOR CERTIFICATION TO IIW MANUFACTURERS CERTIFICATION SCHEME

1. GENERAL INFORMATION

Name of the Company or Unit to be assessed:		
Address of the Company or Unit to be assessed:		
Telephone:	Fax:	Email:

2. CERTIFICATIONS ISSUED BY OTHER ORGANIZATIONS/BODIES

If yes, specify the following:

Type of Certification	Certifying Body	Date of Issue	Date of Expiry

3. INFORMATION TO SUPPORT APPLICATION FOR ASSESSMENT

3.1 Information for the IIW MCS

Description of the manufacturer's organization structure with details of the part of the organization involved in the welding related activities. Functions and number of persons shall be indicated.

Function	Total Number of Persons	Number of Persons involved in IIW MCS Activities (*)

(*) The activities must be those related to the welding and allied processes.

3.2 General information

3.2.1 Type of manufactured product(s)



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3.2.2 List of product standards and/or other specifications used

3.2.3 Welding processes and parent materials welded

Welding Processes (ISO 4063)	Parent Material Groups (ISO/TR 15608)

3.2.4 Activities generally subcontracted

4. COMPANY CERTIFICATION CONTACT

Name:	
Address:	
Fax:	Email:

Date:	Company Manager:	Signature:
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