**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

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|  |

**4. COMPANY CERTIFICATION CONTACT**

|  |  |
| --- | --- |
| Name: | |
| Address: | |
| Fax: | Email: |

|  |  |  |
| --- | --- | --- |
| Date: | Company Manager: | Signature: |