

Special Route Candidates CONFIRMATION OF PRIOR VISUAL WELDING EXPERIENCE

To be completed by Candidate:

I, _____, am making application for certification to CSA
Name of Candidate
 W178.2 as a visual welding inspection and wish to apply directly to Level ☐ 2 ☐ 3 (select one) based on my
 previous experience as a practicing visual welding inspector.

I certify that I practiced visual welding inspection at the following employer:

Employer	From (MM/DD/YY)	To (MM/DD/YY)	% of Time conducting Visual Welding Inspection	Direct Supervisor	Direct Supervisor Telephone & Email

☐ I certify that the visual welding inspection activities noted above do not include the visual assessment of weld specimens prior to other non-destructive testing (NDT) methods such as radiography, ultrasonic, or magnetic particle and that I understand that experience as a welder, fitter, welding supervisor, project manager, engineer, or welding instructor is not considered as relevant experience.

 Signature of Candidate

DATE							
	MONTH	DAY	YEAR				

To be completed by Current / Previous Employer:

☐ I certify that the individual named above did practice the visual welding inspection activities as described above while employed by the organization named.

 Name of Current / Previous Employer Representative

 Signature of Current / Previous Employer Representative

DATE							
	MONTH	DAY	YEAR				

Note: If the required years of visual welding inspection experience has been achieved by more than one employer, this form must be completed by each individual employer for which relevant experience is being claimed.

Additional copies of this form can be found on our website at www.cwbgroup.org