



APPLICATION FOR TESTING ON THE EXAMINATION OF PIPELINE SLEEVE FILLET WELDS

TEST METHODS: Ultrasonic and Magnetic Particle

PREREQUISITES: Ultrasonic - Qualification to CGSB 48.9712 UT Level II or III
Magnetic Particle - Qualification to CGSB 48.9712 MT Level II or III

(Photocopy of all CGSB Qualifications to be attached)

I, _____
(Print Full Name)

of _____
(Print Company Name)

(Print Full Mailing Address – to include Street, City/Town, Province, Postal Code)

CGSB # _____

Phone Number _____ Email _____

hereby make application to be tested on the examination of pipeline sleeve fillet welds by the CWB Group. I understand that the CWB Group will not be responsible for any loss or personal injury sustained by candidates attending the test centre.

APPLICATION DATE _____ SIGNATURE _____
mm/dd/yyyy

EXAMINATION FEE: \$2,310.00 + APPLICABLE TAXES

PAYMENT MUST ACCOMPANY THIS FORM

Please forward completed forms by email to info@cwbgroup.org.