



Company Code

CWB Form 151E/2022-2

STANDARD	
W47.1	W47.2
W55.3	W186

LIST OF PERSONNEL

Initial Application in Division Division Change From _____ to _____ Update of Information File Reinstatement

LIST OF PERSONNEL AT THE FACILITY TO WHICH CERTIFICATION APPLIES

This list applies to Personnel at the following Facility:

Company Name: _____

Address: _____

Phone: _____ Fax: _____

1. Chief Executive Officer (Name & Title): _____ Email: _____

2. a. Other Management (Name & Title): _____ Email: _____

b. Other Management (Name & Title): _____ Email: _____

3. Certification Contact (Name & Title): _____ Email: _____

Cell No: _____

Location of Certification Contact: Same as above: or

Business Address: _____

City: _____ Prov./State: _____ Country: _____ Postal Code: _____

Phone: _____ Fax: _____

4. For Division 1 and 2 companies, list the designated Welding Engineer(s)

Welding Engineer: _____ Email: _____ Employed Retained

Welding Engineer: _____ Email: _____ Employed Retained

5. Welding Supervisor (Name & Title): _____ Email and/or Cell no. _____

Welding Supervisor (Name & Title): _____ Email and/or Cell no. _____

Welding Supervisor (Name & Title): _____ Email and/or Cell no. _____

Welding Supervisor (Name & Title): _____ Email and/or Cell no. _____

6. a. Accounts Officer (Name & Title): _____

b. Email address for sending invoices (Accounts Payable): _____

PLEASE NOTE: ANY PERSONNEL CHANGES IN AREAS 1 TO 6 ABOVE REQUIRE A NEW FORM FULLY COMPLETED.
For the latest CWB certification Documents & Forms and Certification Terms & Conditions please visit: www.cwbgroup.org.

PLEASE EMAIL TO: FORMS@CWBGROUP.ORG AND RETAIN A COPY FOR YOUR FILE.

Complete this section only if the CEO's designate is to be appointed.

As Chief Executive Officer, I designate (Name & Title): _____
to act on my behalf concerning all matters related to the certification of this company.

DATE	_____
	MM / DD / YYYY

Signature of Chief Executive Officer

The Certification Contact identified above has been designated as having responsibility for ensuring that the requirements for certification are implemented and maintained. I also designate the other personnel listed above and ensure that they have been granted such authority as will enable them to properly and freely discharge their responsibilities under the Standard specified above.

DATE	_____
	MM / DD / YYYY

Signature of Chief Executive Officer or Designate