



Company Code

CWB Form 151E/2023-1

LIST OF PERSONNEL

STANDARD

W47.1

W47.2

W55.3

W186

☐ 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: _____

Physical Address: _____

Mailing Address: _____ Same as above, OR: _____

Billing Address: _____ Same as above, OR: _____

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: _____

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

Welding Engineer: _____ *Email: _____ ☐ Employed ☐ Retained

Welding Engineer: _____ *Email: _____ ☐ Employed ☐ Retained

5. Welding Supervisor: _____ *Email: _____ Cell no. _____

Welding Supervisor: _____ *Email: _____ Cell no. _____

Welding Supervisor: _____ *Email: _____ Cell no. _____

Welding Supervisor: _____ *Email: _____ Cell no. _____

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

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

PLEASE NOTE: *EMAIL MANDATORY. 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