



cwbgroup

PROOF OF CONTINUING INVOLVEMENT IN WELDING EXAMINATION OR TESTING

CWB Form 457E/2018-1

THIS REPORT IS SUBMITTED IN ACCORDANCE WITH CLAUSE 10.2 OF CSA STANDARD W178.2 "CERTIFICATION OF WELDING INSPECTORS"

NOTE: Failure to sign this form before submitting will delay processing.

IDENTIFICATION OF CERTIFIED WELDING INSPECTOR:		Card Expiry Date: _____ DD/MM/YYYY
Inspector's Name: _____		CWB Registration No. _____
Address: _____		Tel #: _____
Street _____		Residence _____
City _____ Prov _____ Postal Code _____		Tel #: _____
		Business _____
Email: _____		Tel #: _____
		Cell _____
Do you wish to have your telephone number published on the CWB Group's website? <input type="checkbox"/> YES <input type="checkbox"/> NO		Fax #: _____
If yes, specify which telephone number for publication: _____		

I hereby certify that I have performed welding examination or testing for the following companies or organizations over the past **three** years.

1. Company Name: _____

Address: _____

WORK PERIOD:	FROM	_____	TO	_____	Tel. #: _____
		MM / YYYY			

Name of Reference: _____ Tel. #: _____

2. Company Name: _____

Address: _____

WORK PERIOD:	FROM	_____	TO	_____	Tel. #: _____
		MM / YYYY			

Name of Reference: _____ Tel. #: _____

3. Company Name: _____

Address: _____

WORK PERIOD:	FROM	_____	TO	_____	Tel. #: _____
		MM / YYYY			

Name of Reference: _____ Tel. #: _____

_____ Signature	DATE _____
	DD / MM / YYYY

PLEASE EMAIL, FAX OR MAIL SIGNED FORM TO THE CWB AND RETAIN A COPY FOR YOUR FILE.

FOR CWB USE ONLY: Review and Acceptance By: _____ Date: _____