



PROOF OF CONTINUING INVOLVEMENT IN WELDING EXAMINATION OR TESTING

CWB Form 457E/2023-1

NOTE: Missing signatures will delay processing.

2. Company Name: _____

WORK PERIOD: FROM _____ TO _____
MM / YYYY MM / YYYY

Responsibilities consisted of (must be in accordance with Clauses 7.2, 7.3, or 7.4 of CSA Standard W178.2, dependent on your level of certification):

Name of Reference: (reference must be someone other than yourself who can substantiate your involvement)

Reference Tel. #: _____

Title of Reference:

Reference Signature:

(Physical/Digital only)

3. Company Name: _____

WORK PERIOD: FROM _____ TO _____
MM / YYYY MM / YYYY

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(Physical/Digital only)

4. Company Name: _____

WORK PERIOD: FROM _____ TO _____
MM / YYYY MM / YYYY

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(Physical/Digital only)

