TRANSFER OF WELDER, TACK WELDER AND WELDING OPERATOR QUALIFICATIONS FROM OTHER STANDARDS
(Applicable to CSA Standard W47.1-09 Only)

Candidate's Name: ___________________________  □ Welder  □ Welding Operator  □ Tack Welder
Company Name: ___________________________________________
Testing Standard: ___________________________________________

The Test was witnessed by ___________________________ of ____________

Inspector's Name  __________________________________________
Jurisdictional Provincial Gov't. Dept.

Conditions Applicable for a Transfer of Welder, Tack Welder and Welding Operator Qualification from Other Standards

1. Welders and welding operators must have successfully completed a qualification test on groove and fillet weld test assemblies or combined groove and fillet weld test assemblies.
2. An independent third party acceptable to the CWB Group must have witnessed the qualifying tests.
3. Welders and welding operators whose qualification tests did not include a fillet weld test must also successfully complete the fillet weld test assembly as shown in CSA W47.1-09 Figure 6 before a qualification will be transferred.
4. The qualification issued by the CWB Group will include all conditions and limitations on the original qualification including remaining time of validity or the period of effectiveness of the qualification as specified in Clause 8.3.3.1 of CSA W47.1-09, whichever is less.
5. The qualification granted by the CWB Group will be non-transferable.

Attach documentation signed by the inspector named above, indicating that the test was fully witnessed and a photocopy of both sides of the Welder's, Tack Welder's or Welding Operator's qualification record. The test record must show all applicable test parameters.

______________________________  DATE  MM / DD / YYYY  ________________
Company Authorization

FOR CWB USE ONLY

Specify additional testing requirements: ___________________________

If additional tests are required route this form to applicable Certification Services Representative. Attach to Form 120 upon completion of applicable tests.

Classification: □ S  □ T  □ FW  □ WT
Material: □ Carbon Steel  □ Stainless Steel
Process: □ SMAW  □ FCAW/MCAW  □ GMAW (Short Circuit)  □ GMAW (Spray/Globular/Pulsed)
□ GTA W  □ SAW  □ Other
Class: □ Flat  □ Horizontal  □ Vertical  □ Overhead  Electrode: ___________________________
Vertical Progression: □ Up  □ Down
Thickness Range (S & T Only): ___________________________
Fillet Size Range (FW Only): ___________________________

WPS No. ___________________________  DATE  MM / DD / YYYY  ________________
CWB Authorizing Signature  DATE  MM / DD / YYYY