



<b>Company Code</b>

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

Candidate's Name: \_\_\_\_\_  Welder  
Company Name: \_\_\_\_\_  Welding Operator  
Testing Standard: \_\_\_\_\_  Tack Welder

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.

\_\_\_\_\_ Company Authorization

DATE	
	MM / DD / YYYY

<b>FOR CWB USE ONLY</b>					
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: <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> FW <input type="checkbox"/> WT	Material: <input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel				
Process: <input type="checkbox"/> SMAW <input type="checkbox"/> FCAW/MCAW <input type="checkbox"/> GMAW (Short Circuit) <input type="checkbox"/> GMAW (Spray/Globular/Pulsed)					
<input type="checkbox"/> GTAW <input type="checkbox"/> SAW <input type="checkbox"/> Other _____					
Mode of Process Application: <input type="checkbox"/> Manual <input type="checkbox"/> Semi-Automatic <input type="checkbox"/> Automatic <input type="checkbox"/> Machine					
Class: <input type="checkbox"/> Flat <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Overhead	Electrode: _____				
Vertical Progression: <input type="checkbox"/> Up <input type="checkbox"/> Down					
Thickness Range (S & T Only): _____	Fillet Size Range (FW Only): _____				
WPS No. _____	<table border="1" style="width: 100%;"> <tr><td style="text-align: center;">EXPIRY DATE</td><td> </td></tr> <tr><td> </td><td style="text-align: center;">MM / DD / YYYY</td></tr> </table>	EXPIRY DATE			MM / DD / YYYY
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_____ CWB Authorizing Signature	<table border="1" style="width: 100%;"> <tr><td style="text-align: center;">DATE</td><td> </td></tr> <tr><td> </td><td style="text-align: center;">MM / DD / YYYY</td></tr> </table>	DATE			MM / DD / YYYY
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