



Company Code

TESTING PERSONNEL AND FACILITIES

1. Organization's Name and Address:

Name: _____

Address: _____

City: _____ Province _____ Postal Code: _____

Telephone: _____ Fax: _____ E-Mail: _____

2. Mailing Address: Same as Above or:

Name: _____

Address: _____

City: _____ Province _____ Postal Code: _____

Telephone: _____ Fax: _____ E-Mail: _____

3. Name and Address of Testing Facility:

Name: _____

Address: _____

City: _____ Province _____ Postal Code: _____

Telephone: _____ Fax: _____ E-Mail: _____

Test Representative(s): (Name & Title) _____

Test Records to be sent to: (Name & Title) _____

CWB Contact: (Name & Title) _____

Accounts Officer: (Name & Title) _____

Other Personnel: (Name & Title) _____

Other Personnel: (Name & Title) _____

Instructions: This form is used by organizations such as Unions and educational institutions that have testing agreements with the CWB Group. List the organization's name and address, the address for accounts and general correspondence, the name and location where testing will take place and the personnel involved in the testing process. Any changes in the above requires the submission of a new form.

Signature: _____

DATE	
	MM/DD/YYYY