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