

EQUIVALENT APPROVAL OF WELDING CONSUMABLES DECLARATION OF MANUFACTURER

Independent Manufacturer	
Company Name:	
Address:	
City:	
Province/State:	Postal/Zip Code: _____
Telephone: _____	Fax: _____ Mail: _____

I/We the undersigned authorized representative(s) of the above named company confirm that the welding consumables named below are manufactured by us and both named versions are identical in all respects except those of identification for the purposes of sale by ourselves and the below named Marketing company. All consumables are manufactured, packaged and labelled at our manufacturing facility located at:

_____ (City), _____ Province/State: _____

Marketing Company	
Company Name:	
Address:	
City:	
Province/State:	Postal/Zip Code: _____
Telephone: _____	Fax: _____ Mail: _____

Manufacturer's Product Name(s)	Marketed Product Name(s)

Certificate(s) to be invoiced to: Manufacturing Company Marketing Company

Signature: _____ **Date:** _____

Name: _____ **Position:** _____

