



Company Code

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

- 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.
- An independent third party acceptable to the CWB Group must have witnessed the qualifying tests.
- 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 Figure 6 before a qualification will be transferred.
- 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, whichever is less.
- 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

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)
 GTAW SAW Other _____

Mode of Process Application: Manual Semi-Automatic Automatic Machine

Class: Flat Horizontal Vertical Overhead Electrode: _____

Vertical Progression: Up Down

Thickness Range (S & T Only): _____ Fillet Size Range (FW Only): _____

WPS No. _____

EXPIRY DATE	
	MM / DD / YYYY

 CWB Authorizing Signature

DATE	
	MM / DD / YYYY