CWB Form 141E/2026-2

WELDER / TACK WELDER / WELDING OPERATOR TRANSFERABLE QUALIFICATION CARD - TRANSFER / REPLACEMENT REQUEST

Company Name: _____ Co-Code: _____

Name of Individual making request: _____

(Note: above name must also appear on company's CWB Form 151 – List of Designated Personnel)

Phone/ Mobile: _____ e-Mail: _____

Please Note: **Transferable qualification card transfers from one CWB certified company to another are not mandatory. The purpose of issuing transferable qualifications is such that the qualification cards are accepted within the current company's scope of certification, irrespective of which company's name is listed on the card.**

Payment Method: VISA / MASTER CARD / AMEX

VISA DEBIT NOT ACCEPTED

Charge to: VISA ☐ MASTER CARD ☐ AMERICAN EXPRESS ☐

Account #: _____

Issuing Bank: _____ Expiry: MONTH DAY YEAR

Name on Card: _____ CVV: _____

OR

Purchase Order # **/** Name to be referenced on invoice: _____

Card Transfer Fee: $35.50 plus applicable tax for each transfer/replacement card requested.

Name			Company		Process
Last	First	Mid. Intl	On Current Card (if available)	Transfer to	

Return for processing to: Email: info@cwbgroup.org OR Fax: 1-905-542-1318

MONTH DAY YEAR

_____

Company Authorization