



Company Code

STANDARD	
W47.1	W47.2
W55.3	W186

LIST OF PERSONNEL

Initial Application in Division Division Change From _____ to _____ Update of Information File Reinstatement

LIST OF PERSONNEL AT THE FACILITY TO WHICH CERTIFICATION APPLIES

This list applies to Personnel at the following Facility:

Company Name: _____
 Physical Address: _____
 Mailing Address: _____ Same as above, OR: _____
 Billing Address: _____ Same as above, OR: _____
 Phone: _____ Fax: _____

1. Chief Executive Officer (Name & Title): _____ *Email: _____
 2. a. Other Management (Name & Title): _____ *Email: _____
 b. Other Management (Name & Title): _____ *Email: _____
 3. Certification Contact (Name & Title): _____ *Email: _____

Cell No: _____

4. For Division 1 and 2 companies, list the name(s) of the designated Welding Engineer(s)

Welding Engineer: _____ *Email: _____ Employed Retained
 Welding Engineer: _____ *Email: _____ Employed Retained

5. Welding Supervisor: _____ *Email _____ Cell no. _____
 Welding Supervisor: _____ *Email _____ Cell no. _____
 Welding Supervisor: _____ *Email _____ Cell no. _____
 Welding Supervisor: _____ *Email _____ Cell no. _____

6. a. Accounts Officer (Name & Title): _____
 b. Email address for sending invoices (Accounts Payable): _____

PLEASE NOTE: *EMAIL MANDATORY. ANY PERSONNEL CHANGES IN AREAS 1 TO 6 ABOVE REQUIRE A NEW FORM FULLY COMPLETED (including new and current employees). For the latest CWB certification Documents & Forms and Certification Terms & Conditions please visit: www.cwbgroup.org.

PLEASE EMAIL TO: FORMS@CWBGROUP.ORG AND RETAIN A COPY FOR YOUR FILE.

Complete this section only if the CEO's designate is to be appointed.

As Chief Executive Officer, I designate (Name & Title): _____
 to act on my behalf concerning all matters related to the certification of this company.

DATE	_____
	MM / DD / YYYY

 Signature of Chief Executive Officer

The Certification Contact identified above has been designated as having responsibility for ensuring that the requirements for certification are implemented and maintained. I also designate the other personnel listed above and ensure that they have been granted such authority as will enable them to properly and freely discharge their responsibilities under the Standard specified above.

DATE	_____
	MM / DD / YYYY

 Signature of Chief Executive Officer or Designate