



Company Code

CWB Form 151E/2026-1

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: _____
 _____ Fax: _____

PLEASE NOTE: *EMAIL MANDATORY. ANY PERSONNEL CHANGES IN AREAS 1 TO 6 BELOW 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.

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:	Employed	Retained
Welding Engineer:	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): _____

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
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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
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