



<b>Company Code</b>

## TESTING PERSONNEL AND FACILITIES

**1. Organization's Name and Address:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**2. Mailing Address:**    Same as Above     or:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**3. Name and Address of Testing Facility:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Chief Executive Officer: (Name & Email) \_\_\_\_\_

Test Centre Representative: (Name & Email) \_\_\_\_\_

Test Records to be sent to: (Name & Email) \_\_\_\_\_

Accounts Officer: (Name & Email) \_\_\_\_\_

Other Personnel: (Name & Email) \_\_\_\_\_

Other Personnel: (Name & Email) \_\_\_\_\_

Instructions: This form is used by organizations such as Unions and educational institutions that have testing agreements with the CWB Group. List the organization's name and address, the address for accounts and general correspondence, the name and location where testing will take place and the personnel involved in the testing process. Any changes in the above requires the submission of a new form.

Signature: \_\_\_\_\_

<b>DATE</b>	
	MM/DD/YYYY