cwbgroup

LIST OF PERSONNEL - MULTI PLANT CERTIFICATIONS

Use this form to list the personnel at a facility that has been or is to be included as part of a parent company's existing certification.

Initial Application in Division **Division change From** **to** **Update of Information**

Company Code for this location: _____ (if known) Main Plant (Parent) Company Code: _____

THIS LIST APPLIES TO PERSONNEL AT THE FOLLOWING SHOP/PLANT/DIVISION

Shop/Plant/Division Name: _____

Physical Address: _____

Mailing Address: ☐ **Same as above, OR:** _____

Billing Address: ☐ **Same as above, OR:** _____

Phone: _____ **Fax:** _____

PLEASE NOTE: *EMAIL MANDATORY. ANY PERSONNEL CHANGES IN AREAS 1 TO 4 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. EMAIL TO: forms@cwbgroup.org AND RETAIN A COPY FOR YOUR FILE.

1. **a.** Shop/Plant Management (Name & Title): _____ *Email: _____

b. Shop/Plant Management (Name & Title): _____ *Email: _____

2. Certification Contact at this location (Name & Title): _____ Cell No.: _____

*Email: _____

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

3. Welding Engineer: _____ *Emaii: _____ ☐ Employed ☐ Retained

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

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

Welding Supervisor: _____ *Email _____ Cell no. _____

Welding Supervisor: _____ *Email _____ Cell no. _____

Welding Supervisor: _____ *Email _____ Cell no. _____

I designate the 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 Authorized Designate