cwbgroup

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:** _____

Phone: _____ **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: _____ *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): _____

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

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