



Company Code

STANDARD	
W47.1	W186
W47.2	W55.3

WELDING SUPERVISOR'S RESUME

Welding Supervisor
Candidate:

Company
Name:

(PLEASE PRINT NAME)

Company Address:

City: _____ Prov./State: _____ Country: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

WELDING RELATED WORK EXPERIENCE:

(As a minimum list all employers over the past 5 years. Attach an additional sheet if more space is required)

NAME OF EMPLOYER (List most recent employer first)	FROM MM / YYYY	TO MM / YYYY	Indicate Job Title, Primary Duties Performed and/or Responsibilities Held

PLEASE SELECT FROM THE FOLLOWING FOR POSSIBLE EXEMPTIONS:

I qualified as a Welding Supervisor while employed by: _____

I have completed CWB Education modules (please list / Transcript attached): _____

I am currently/have been certified to CSA Standard W178.2, Certification of Welding Inspectors, and my certification includes/included the required CSA endorsement code. Reg. # _____

- I am qualified via:
- AWS - American Welding Society - CAWI / CWI / SCWI (Certificate attached)
 - WET - Welding Engineer Technologist / Technician (Certificate attached)
 - IIW - International Institute of Welding - IWE / IWT / IWI / IWS / IWP (Certificate attached)

NOTE: DOCUMENTATION TO SUBSTANTIATE EDUCATIONAL, AND/OR EXEMPTION CLAIMS MADE ABOVE MUST BE INCLUDED WITH THIS APPLICATION. FAILURE TO PROVIDE THE SUPPLEMENTARY INFORMATION REQUESTED WILL NECESSITATE RETURN OF THIS FORM.

Candidate's Signature

Date (MM/DD/YYYY)

**PLEASE SUBMIT TO THE CWB VIA MAIL, EMAIL OR FAX AND RETAIN A COPY FOR YOUR FILE.
THIS FORM IS ONLY VALID WHEN ACCOMPANIED BY CWB FORM 151**

FOR CWB USE ONLY

	DATE	
	MM / DD / YYYY	
Exams completed		Please initial acceptance
Years of fabrication experience		
Verbal Exam completed		

From the information made available to me, this Welding Supervisor has met all of the qualification requirements of the pertinent CSA Standard.

Signature

Date (MM/DD/YYYY)