



cwbgroup

Company Code

W178.1

COMPANY NAME, ADDRESS AND SCOPE OF OPERATIONS

- THIS FORM IS FOR:
- NAME CHANGE
 - ADDRESS CHANGE
 - SCOPE CHANGE

CERTIFICATION APPLIES TO THE FOLLOWING FACILITY:

Provide the exact name of the Company Plant, Division and the Address to which certification applies.(Do not show the address as a Post Office Box for physical address. An exact street address is required)

Company Name: _____

Physical Address: _____

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

Phone: _____ Fax: _____

Website: _____

Mailing Address: Same as above, OR: _____

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

Billing Address: Same as above, OR: _____

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

SCOPE OR TYPE OF WORK TO WHICH CERTIFICATION APPLIES

If this Form is for a Scope change describe below the Scope or Type of Work performed:

Note: The scope should include the product or structure types inspected and a listing of the welding inspection methods to be used.

DATE	_____
	MM / DD / YYYY

Signature of Chief Executive Officer, Designate or Certification Contact