



**W178.2**

### WELDING INSPECTOR CERTIFICATION APPLICATION

**IMPORTANT:** As the APPLICANT, I understand that applications **MUST** be completed in full. Incomplete applications can cause delays in processing and may be returned. **Certification must be obtained within two years of application approval date.** If certification is not obtained, the application will be terminated and I will need to reapply and meet said requirements as stated in Form 301. **Form 301, Welding Inspector Application Guide**, is an essential and beneficial part of the application process and provides useful information to assist candidates in applying for certification to CSA W178.2.

**Applicant's Name:**

initials

First Name Middle Name Last Name

Tel.: Cell

Address: Street

Tel.: Business

City: Province Postal Code Country

*\*I understand that all official communication moving forward will be sent to me via electronic mail (email) and it is my responsibility to advise the CWB Group of any changes in my email address.*

\*Email:

initials

If you are currently or were previously certified to CSA Standard W178.2, provide your Registration Number:

**Check Desired Level of Certification:** Level 1 Level 2 Level 3

Are you applying with: AWS API TWI-CSWIP No Yes (provide documents as per Form 301)

Are you applying as a special route candidate (Clause 8.1.1 d)? No Yes (pages 6 & 7 required)

Are you applying as an instructor (Clause 8.1.1 e)? No Yes (pages 6 & 7 required)

Have you completed the CWB Education Level 1, 2, or 3 Course Exams? No Yes (provide course completion certificate)

**NOTE: A completed Visual Acuity Record (Form 455) must accompany application form.**

Check **ONLY ONE** Standard/Code to which your certification will apply.

(Not applicable for Upgrade applications. Code Endorsements are not required when upgrading from Level 1 to Level 2, or from Level 2 to Level 3)

- CSA W47.1/W59 CSAW47.2W59.2 CSA W59 Annex U CSA W186 ABS CSA Z662
- ASME B31.1 ASME B31.3 ASME B31.12 ASME VIII-1 & IX API 650 API 653 IACS

**The certification fee must accompany application. (Visa Debit and USA American Express are not accepted )**

Credit Card # Expiry Date: Name on Card: Security Code:

**I hereby confirm that I have read and understood the terms and conditions in the Form 301 and that the information provided on this application is true and accurate to the best of my knowledge:**

Applicant Signature (Physical / Digital Only) Date:

Examination Accommodations: Any candidate that may require accommodations of special needs should contact CWB directly at inspector@cwbgroupp.org to discuss. CWB will strive to accommodate needs within reason.

**Upon completion of the certification requirements, do you wish to have your telephone number published on the CWB Group's website?**

Yes  No  If yes, indicate which number:

FOR CWB USE ONLY						
Level	CB Long	CB Short	Approved by	Date	Reg #	

## Code of Ethics

Certified welding inspectors recognize that precepts of personal integrity and professional competence are fundamental, and as such shall:

- a. have proper regard for the safety, health, and well-being of the public;
- b. undertake only those assignments for which they are competent by virtue of certification, training, and experience and, where warranted, seek the assistance of specialists as required to complete of assignments;
- c. protect to the fullest extent possible any information given in confidence by an employer or colleague, while being consistent with the well-being of the public;
- d. indicate to the employer or supervisor any decisions that have been overruled by any authority that could result in adverse consequences;
- e. be objective, thorough, and factual in any written report, statement, or testimony about the work and include all relevant or pertinent information in such documents;
- f. sign only for work that they have inspected or for work about which they have personal knowledge through direct technical control;
- g. maintain personal competency by updating their technical knowledge and skills as required to perform welding inspection properly;
- h. comply with the applicable provisions of this Standard relevant to their level of certification and responsibilities;
- i. discontinue all claims to certification upon expiry, suspension, or withdrawal of certification, and upon request return any certificates and/or wallet cards issued by the CWB;
- j. not perform unethical or dishonest acts or making statements that would discredit or bring the certification scheme of this Standard into disrepute;
- k. not falsify documents, falsely claim, misrepresent or permit misrepresentation or misuse of their own or other's academic or professional qualifications, knowledge, training, experience, work responsibilities, or certifications;
- l. maintain knowledge of codes or standards applicable to the product or structure being inspected; and
- m. inspect products or structures in accordance with the applicable governing codes or standards.

Note: The welding inspector should not interfere with the line relationship between welders, operators, or tackers and their supervisors. When any form of discrepancy arises, the welding inspector should advise the supervisor or some other responsible person of the discrepancy.

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**Applicant's Signature**

(Physical/Digital only)

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**Date (MM/DD/YYYY)**

**Level 1 Candidates Only**

**Qualifying Work Experience**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

Company Name \_\_\_\_\_ Job Title \_\_\_\_\_  
 Address \_\_\_\_\_ Company Phone \_\_\_\_\_

Explain your duties as related to the following areas. Attach additional pages as required. All additional experience pages provided must be signed by your reference. Resumés will not be accepted.

Layout, Fitting \_\_\_\_\_  
 Manual, Semi-Automatic or Automatic Welding \_\_\_\_\_  
 Welding Inspection \_\_\_\_\_  
 Welding Supervision \_\_\_\_\_  
 Weld Testing \_\_\_\_\_  
 Welding Instruction \_\_\_\_\_

**TO BE COMPLETED BY REFERENCE**

Reference Name (print): \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I certify the above information to be true and correct. I understand that any false statements may result in the cancellation of this application or the withdrawal of certification.

\_\_\_\_\_  
 Reference Signature (Physical/Digital only)

\_\_\_\_\_  
 Date (MM/DD/YYYY)

**This section is for Level 1 candidates who have completed a recognized course as per Form 301.**

Name of Institution: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Attach a copy of the applicable diploma for the above program.**

**Level 2 Candidates Only**

**Qualifying Work Experience**

**From:** \_\_\_\_\_  
MM / DD / YYYY

**To:** \_\_\_\_\_  
MM / DD / YYYY

Company Name \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Phone \_\_\_\_\_

Explain your duties related to welding inspection below. **This section must be completed.** Additional copies of this page may be used for multiple companies / multiple references, if required. All additional experience pages provided must be signed by your reference. Resumés will not be accepted.

**TO BE COMPLETED BY REFERENCE**

- I confirm that:
- The above-named candidate has been performing visual welding inspection work for the period indicated above,
  - I was responsible for supervising the above-named candidate's welding inspection work,
  - I have firsthand knowledge of the above-named candidate's welding inspection work, and
  - I recommend the above-named candidate for Level 2.

Reference Name (please print): \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

CWB Inspector Registration # (if applicable): \_\_\_\_\_

Other inspection related qualification (please specify): \_\_\_\_\_

I certify the above information to be true and correct. I understand that any false statements may result in the cancellation of this application and/or the withdrawal of certification.

\_\_\_\_\_  
Reference Signature (Physical/Digital only)

\_\_\_\_\_  
Date (MM/DD/YYYY)

**Complete this section if you have completed a recognized course as per Form 301.**

Name of Institution: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Attach a copy of the applicable diploma for the above program.**

**Level 3 Candidates Only**

**Qualifying Work Experience**

**From:** \_\_\_\_\_  
MM / DD / YYYY

**To:** \_\_\_\_\_  
MM / DD / YYYY

Company Name \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Phone \_\_\_\_\_

Explain your duties related to welding inspection below. **This section must be completed.** Additional copies of this page may be used for multiple companies / multiple references, if required. All additional experience pages provided must be signed by your reference. Resumés will not be accepted.

**TO BE COMPLETED BY REFERENCE**

Reference Name (please print): \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

CWB Inspector Registration # (if applicable): \_\_\_\_\_

Other inspection related qualification (please specify): \_\_\_\_\_

I certify the above information to be true and correct. I understand that any false statements may result in the cancellation of this application and/or the withdrawal of certification.

\_\_\_\_\_  
Reference Signature (Physical/Digital only)

\_\_\_\_\_  
Date (MM/DD/YYYY)

**Complete this section if you have completed a recognized course as per Form 301.**

Name of Institution: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Attach a copy of the applicable diploma for the above program.**

**Special Route Candidates - Direct Qualification to Level 2 or Level 3**

Note: This section must be completed by candidates seeking certification directly to Level 2 or to Level 3.

CSA W178.2, Clause 8.1.1(d) permits practicing visual welding inspectors to qualify directly as Level 2 or Level 3 if those individuals have at least:

- 5 years of prior welding inspection experience to qualify for Level 2, or
- 10 years of prior welding inspection experience to qualify for Level 3

This exception is typically for individuals who are practicing visual welding inspection without holding a recognized certification or qualification, or who have recently practiced visual welding inspection in another jurisdiction or country with/without holding a recognized certification or qualification.

**Note that visual welding inspection does not include the visual assessment of weld specimens prior to other non-destructive testing (NDT) methods such as radiography, ultrasonic, or magnetic particle. Experience as a welder, fitter, welding supervisor, project manager, engineer, or welding instructor is not considered as relevant experience.**

1. I am currently practicing visual welding inspection YES NO
2. If the response to Q1 is NO, I last practiced visual welding inspection in: Date: \_\_\_\_\_

3. I currently hold / have held the following visual welding inspection certifications and/or qualifications:

List visual welding inspection certifications and/or qualifications:

	From (MM/DD/YY)	To (MM/DD/YY)

4. Employment History: List all employers under which visual welding inspection was conducted:

Employer	From (MM/DD/YY)	To (MM/DD/YY)	% of Time conducting Visual Welding Inspection	Direct Supervisor	Direct Supervisor Telephone & Email

**For each employer noted above, a letter of reference from the named organization must be provided which confirms the positions held by the applicant throughout their period of employment, and the percentage of time conducting and or supporting visual welding inspection. (see CWB Form 451 attached)**

I certify that the above statements are true and that I have conducted the minimum period of prior visual welding inspection experience required by CSA W178.2. Fraudulent misrepresentation of the information provided on this form may lead to the disqualification of this application.

I understand that CWB Certification reserves the right to conduct a technical interview with the applicant to verify prior visual welding inspection experience required by CSA W178.2.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## Special Route Candidates CONFIRMATION OF PRIOR VISUAL WELDING EXPERIENCE

*To be completed by Candidate:*

I, \_\_\_\_\_, am making application for certification to CSA  
Name of Candidate  
 W178.2 as a visual welding inspection and wish to apply directly to Level **2** **3** (select one) based on  
 my previous experience as a practicing visual welding inspector.

I certify that I practiced visual welding inspection at the following employer:

Employer	From (MM/DD/YY)	To (MM/DD/YY)	% of Time conducting Visual Welding Inspection	Direct Supervisor	Direct Supervisor Telephone & Email

I certify that the visual welding inspection activities noted above do not include the visual assessment of weld specimens prior to other non-destructive testing (NDT) methods such as radiography, ultrasonic, or magnetic particle and that I understand that experience as a welder, fitter, welding supervisor, project manager, engineer, or NDT welding instructor is not considered as relevant experience.

\_\_\_\_\_

Signature of Candidate

<b>DATE</b>	
	<small>(Month/Day/Year)</small>

*To be completed by Current / Previous Employer:*

I certify that the individual named above did practice the visual welding inspection activities as described above while employed by the organization named.

\_\_\_\_\_

Name of Current or Previous Employer Representative

\_\_\_\_\_

Signature of Current or Previous Employer Representative

<b>DATE</b>	
	<small>(Month/Day/Year)</small>

**Note: If the required years of visual welding inspection experience has been achieved by more than one employer, this form must be completed by each individual employer for which relevant experience is being claimed.**

**Additional copies of this form can be found on our website at [www.cwbgroup.org](http://www.cwbgroup.org)**

Upon completion, please email this form to: [inspector@cwbgroup.org](mailto:inspector@cwbgroup.org) OR fax to 1-905-542-1318.

**Documents and evidence (certificates) should be emailed to [inspector@cwbgroup.org](mailto:inspector@cwbgroup.org) from the email noted in your application and with your full name and registration number (if possible) in the subject line.**

For drop off / mail in, please forward to the office nearest you:

**ONTARIO**

CWB Group  
8260 Parkhill Drive  
Milton, Ontario L9T 5V7  
Tel: (905) 542-1312  
Toll Free: 1-800-844-6790 (In Canada only)

**ALBERTA**

CWB Group  
206 – 19 Avenue, Nisku Industrial Park  
Nisku, Alberta T9E 0W8  
Toll Free: 1-800-844-6790 (In Canada only)

**QUEBEC**

Groupe CWB  
4430 Rue Garand  
Laval, QC H7L 5Z6  
Toll Free: 1-800-844-6790 (In Canada only)