

PROOF OF CONTINUING INVOLVEMENT IN WELDING EXAMINATION OR TESTING

NOTE: Missing signatures will delay processing.

IDENTIFICAT	FION OF C	ERTIFIED WE	LDING INSPECT	OR:		Card Expi	ry Date:	
Inspector's						CWB Reg	istration	MM/DD/YYYY
Name:						No.		
Address:						Tel #:		
			Street			-	R	esidence
						Tel #:		
	Cit		Drevines	Deed	tal Cada	Tal #	Ł	Business
	City		Province	Pos	tal Code	Tel #:		Cell
*Email:								-
			ng forward will be sent t (initials)	to me via electro	onic mail (email) and it i	s my responsibi	lity to advise	the CWB Group of
This will cert	tifv that I ha	ave performe	ed welding exam	ination or te	esting for the foll	owina com	panies o	-
	-	-	-		CSA Standard	-		
1. Compan	y Name:							
WORK PEF	•	FROM		то		_		
Responsibiliti	es consiste	d of (must be in a	MM / YYYY	es 7 2 7 3 or 7	MM / YYYY 4 of CSA Standard W1		nt on vour lev	vel of certification):
Пезропзівни	03 00131310		accordance with clause	es 7.2, 7.3, 017		170.2, depende	ni on your lev	ei ol certification).
Name of Ref	erence: (m	foronco must bo co	meone other than yourse	lfwho con cubata	antiata vour involvament)			
		erence must be so	meone other than yourse	II who can substa				
					Reference Te	l. #:		
Title of Refer				R	eference Signatu	ure:		
	ence.				(Physical/Digital only)			
						Date		
					_			
		Inspect	or's Signature)			MM	I /DD/ YYYY
		(Phy:	sical/Digital only)					
	E		PLETED FOR	M TO: ins	spector@cwb	group.or	9	
FOR CV	VB USE	ONLY: F	Review and Acce	eptance Bv:			Date:	
				. ,			-	

(continued on next page if more reference space is required....)



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2. Company Name: _						
WORK PERIOD:	FROM		то			
		MM / YYYY		MM/YYYY		
Responsibilities cons	sisted of (mu	st be in accordance with	n Clauses 7.2, 7	.3, or 7.4 of CSA Standard W	178.2, dependent on your level of certific	ation):
lame of Reference: ((reference must b	e someone other than you	urself who can su	bstantiate your involvement)		
				Reference Tel. #	<u>.</u>	
itle of Reference:				Reference Signature	e	
				Physical/Digital only)	·	
3. Company Name:						
WORK PERIOD:	FROM		то			
Responsibilities consist	ed of (must be	MM / YYYY in accordance with Cla	uses 7.2. 7.3. o	MM / YYYY r 7.4 of CSA Standard W178	2, dependent on your level of certification	ר):
lame of Reference: ((reference must be	e someone other than you	Irself who can su	bstantiate your involvement)		
lame of Reference: (reference must be	e someone other than you	urself who can su			
lame of Reference: (Title of Reference:	reference must be	e someone other than you	urself who can su	Reference Tel. #		
	reference must be	e someone other than you	urself who can su			
itle of Reference:	reference must be	e someone other than you	irself who can su	Reference Tel. #		
	(reference must be	e someone other than you	Irself who can su	Reference Tel. #		
Title of Reference: 4. Company Name: WORK PERIOD:	FROM		TO	Reference Tel. # Reference Signature (Physical/Digital only) MM / YYYY	:	
itle of Reference: 4. Company Name: WORK PERIOD:	FROM		TO	Reference Tel. # Reference Signature (Physical/Digital only) MM / YYYY		
itle of Reference: 4. Company Name: WORK PERIOD:	FROM		TO	Reference Tel. # Reference Signature (Physical/Digital only) MM / YYYY	:	
itle of Reference: 4. Company Name: WORK PERIOD:	FROM		TO	Reference Tel. # Reference Signature (Physical/Digital only) MM / YYYY	:	
itle of Reference: 4. Company Name: WORK PERIOD:	FROM		TO	Reference Tel. # Reference Signature (Physical/Digital only) MM / YYYY	:	
itle of Reference: 4. Company Name: WORK PERIOD: responsibilities consist	FROM	MM / YYYY in accordance with Cla	TO	Reference Tel. # Reference Signature (Physical/Digital only) MM / YYYY r 7.4 of CSA Standard W178	:	
itle of Reference: 4. Company Name: WORK PERIOD: Responsibilities consist	FROM	MM / YYYY in accordance with Cla	TO	Reference Tel. # Reference Signature (Physical/Digital only) MM / YYYY r 7.4 of CSA Standard W178	2, dependent on your level of certification	
itle of Reference: 4. Company Name: WORK PERIOD:	FROM	MM / YYYY in accordance with Cla	TO	Reference Tel. # Reference Signature (Physical/Digital only) MM / YYYY r 7.4 of CSA Standard W178 bstantiate your involvement)	2, dependent on your level of certification	