



Company Code

### COMPANY NAME, ADDRESS AND SCOPE OF OPERATIONS

THIS FORM IS FOR:  NAME AND/OR ADDRESS CHANGE  
 SCOPE CHANGE

STANDARD			
<input type="checkbox"/> W47.1	<input type="checkbox"/> W47.2	<input type="checkbox"/> W55.3	<input type="checkbox"/> W186

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE	_____
	MM / DD / YYYY

\_\_\_\_\_  
Signature of Chief Executive Officer, Designate or Certification Contact

**"CERTIFICATION MAKES THE DIFFERENCE"**

Email completed form to: forms@cwbgroup.org and retain a copy for you records.