

LIST OF WELDERS, WELDING OPERATORS, TACK WELDERS

(THIS FORM IS NOT APPLICABLE FOR COMPANIES APPLYING FOR CERTIFICATION TO CSA STANDARD W47.1-0:

DATE:

MM / DD / YYYY

Company Name _____

Address _____

For each welder, welding operator and tack welder employed in the shop or field welding show:

- a) The full name of each individual.
- b) The type of qualification as indicated by "W" (welder), "O" (operator), "T" (tack welder), "P" (probationary welder).
- c) The welding process used by the individual. If the person has more than 2 qualifications use an additional line.
- d) The positional classification such as "F" (flat), "H" (horizontal), "V" (vertical), "VD" (vertical down), "O" (overhead).
- e) The qualification expiry date and the qualifying authority (e.g. CWB, ASME), if applicable.

NOTE:
 This form is to be used for the list of personnel required as part of the documentation to support an application for certification.

FIRST AND LAST NAME	QUALIFICATION NO. 1					QUALIFICATION NO. 2				
	Type	Process	Position	Expiry Date	Qualifying Authority	Type	Process	Position	Expiry Date	Qualifying Authority
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
SUPERVISOR'S DELEGATE(S) (W47.2 ONLY)										
1										
2										

List additional welding personnel on back.

 Welding Supervisor's Signature

