



# WELDER TEST AUTHORIZATION FORM

Canadian Welding Bureau  
Certification Division

Company Name: \_\_\_\_\_ Company Code: \_\_\_\_\_ PO# \_\_\_\_\_

Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

TEST CENTRE NAME: **CALGARY WELDER TEST CENTRE**

Test Date			
	Month	Day	Year

Process	SMAW	FCAW	MCAW	GMAW	
Type of Test	Initial – I	Upgrade – U	Retest – R	Check Test -CK	
Type of Coupon	GF	Fillet Weld/Tack	Alternate	Q Deck/Rebar	Hand Rail
Type of Position Required	Flat -1G	Horizontal – 2G	Vertical – 3G	Overhead -4G	Check Test - CK
FOR FCAW/MCAW CHOOSE WHICH SETUP	Figure 9	Figure 8	(See W47.1)		

Welders Name First, Initial, Last Name	Process	Type Of Test	Type Of Coupon	1G F	2G H	3G V	4G O	CK V/O	CWB USE ONLY REP VALIDATION

☐ Please advise if welder wishes to use his own welding rig

Signature Of Welding Supervisor: \_\_\_\_\_

**Sign and Print Name**

CWB Form 615E/2004-1

**\*\*\*PLEASE FAX OR EMAIL BACK THIS FORM TO CALGARY WELDER TEST CENTRE FOR  
CWB TESTING AT 403-279-3031 PLEASE NOTE THAT ALL FORMS MUST  
BE RETURNED TO THIS OFFICE ON THE FRIDAY NOON PRIOR TO THE TEST DATE \*\*\***