

CALGARY WELDER TEST CENTRE FOR CWB TESTING

3522 80th Avenue SE, Calgary, Alberta T2C 1J3

Tel: 403-265-4443 Fax: 403-279-3031

www.weldingtestcentre.com or www.ecossewelding.com

Name of Welder _____
or
Name of Company for Rig Welders: _____
Address: _____ City: _____
Postal Code: _____
Phone Number: _____ Fax Number: _____
Cell Number: _____
Email Address: _____

☐ PLEASE ADVISE BY CHECKING THE BOX IF YOU HAVE YOUR
OWN WELDING RIG AND WISH TO USE IT ☐

| First, Middle Initial and Last Name | Date of Test | Welding Process SMAW or FCAW | Positions F, H, V, O Initial, Upgrade, Check Test or Retest |
|---|--------------------|------------------------------------|---|
| | | | |

Signature of Welder

Date

**Please fax back this completed form to 403-279-3031
This form must be returned the Friday Noon prior to the
test date in order for you to be tested on the following
Wednesday test date**