

Canadian Welding Bureau Test Authorised by the official accredited partner of CWB Group in Africa EAST AFRICAN INSTITUTE OF WELDING

Off Old Namanga Rd, Behind Kitengela GK Prisons, Kitengela Greater Nairobi Area

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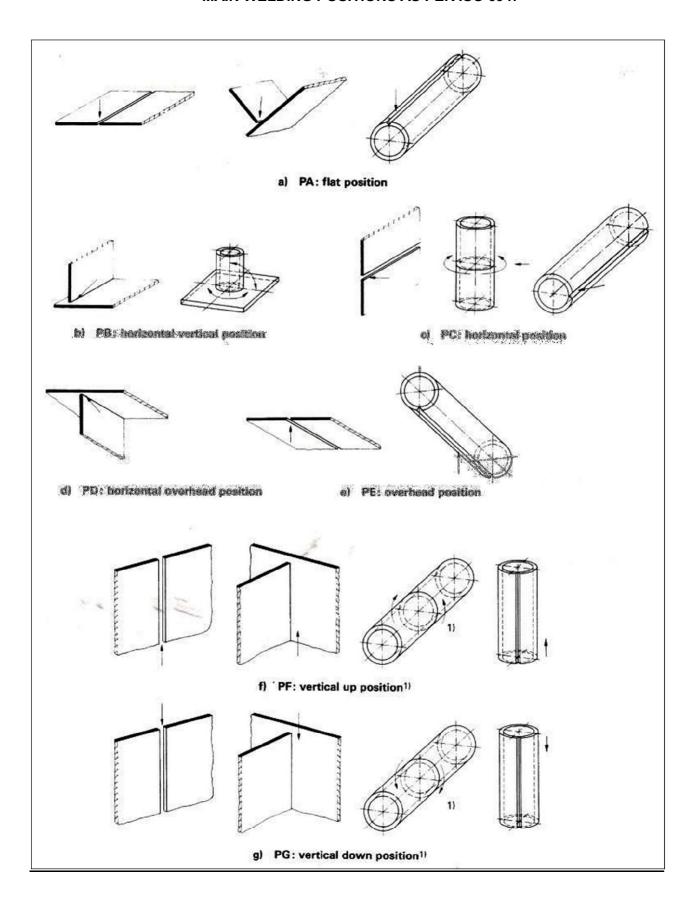
APPLICATION FOR TESTING OF WELD QUALIFICATION TO THE REQUIREMENTS OF CSA **W47.1 PROCESSES**

By CWB Kenya Authorized Examiner

Affix one Stamp Size Photograph of Candidate

1.	Name:		Identity Ref		
2.	Date of Birth	Place of Birth	Citizen	_	
3.	Mailing Address:				
<u>Ph</u>	one No. (City Code +	· No.):	E Mail Address	<u></u>	
4.	Years of Welding ex	«perience			
5.	Application Personal / through Institution (Name/Identification of sponsor)				
6.	Testing Requested for Welding Process SMAW / GMAW / GTAW / Any Other				
7.	Material other than Carbon Steel if involved				
8.	Welding Nature i.e Fillet, Plate Butt, Pipe & Welding Position as per sketch on back				
9.	Any Particular WPS involved ?If so, to provide the WPS				
10.	Preferred Testing Location / Centre				
11.	Justification for seeking Certificate with details of prior relevant qualification & Experience (Attach				
	extra sheets with pr	oof of qualification and releva	ant experience as required		
12.	Declaration: I possess appropriate health, eyesight, physical and mental capability for safe operation of welding equipment with full performance of duties as may be necessary as a Certified Welder. I am not a minor as per the Kenyan Labour Law. I confirm that the above particulars are true and according to my self assessment I am eligible to get the required Certificate. I am aware that after acquiring the Certificate I am fully responsible for safe custody of the same and prevent any misuse or alterations. The Certificate may be withdrawn apart from any other steps as may be necessary in case of misuse.				
Dat	e:				
			Signature		
		Recommendation by A	Authorized Examiner		
Na	ıme, Signature& Date	+			
۸n	proved By	FOR CWB Instruc	ctor USE ONLY		
Αþ	proved by				
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MAIN WELDING POSITIONS AS PER ISO 6947



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