MANGO – WELDING INSPECTOR QUESTIONNAIRE

Please fill out a separate questionnaire for each person wishing to be considered as a MANGO approved qualifier.

Name	Company Name
	Fax No
Email Addre	SS
Please list th	ne following that pertains:
	CWI per American Welding Society)
(Wast be a	with per American welaning society)
AWS CW	I SEAL
Work His	tory/Experience Related to Pipeline Welding:
	& Certifications Related to Pipeline Welding:
Date	Description
Available	e Testing Equipment:
I give MANG	O permission to post any of the above information on the MANGO website.
	Date
Fax or emai	completed sheet to Chris Dixson at Ameren Missouri cdixson2@ameren.com or

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(573)876-3033