



WASHINGTON ASSOCIATION OF BUILDING OFFICIALS
STEEL FABRICATOR REGISTRATION PROGRAM

ROBOTIC OPERATIONS INFORMATION FORM

DIRECTIONS: Please answer all questions thoroughly. Type or print all responses.

Mail / email the **completed** form along with supplemental documents to: WABO, PO Box 7310, Olympia, WA 98507-7310 or registration@wabo.org.

A fabricator facility has robotics capabilities at their facility and would like that designation denoted on their WABO registration certificate, please provide the following supplemental information. WABO will not be auditing/verifying robotic equipment, or personnel qualifications. This is intended for facilities that have met AWS D16.4 for qualifications for operators/technicians and/or engineers.

If space is needed for additional operators or equipment, attach supplemental sheets.

Equipment Manufacturer(s):

Equipment Type, Serial and/or Model Numbers:

Operator (O)	Technician (T)	Engineer (E)
Operator Name: _____		Certification Level: _____
CRAW Number: _____		Exp. Date: _____
<i>**Include copy of current certification</i>		
Operator Name: _____		Certification Level: _____
CRAW Number: _____		Exp. Date: _____
<i>**Include copy of current certification</i>		
Operator Name: _____		Certification Level: _____
CRAW Number: _____		Exp. Date: _____
<i>**Include copy of current certification</i>		

I attest to the qualification of the individual(s) name above as have proven competency in performance in Robotic welding per AWS D16.4 on identified equipment.

Name Signature

Corporate Position Date