

**FUNDAÇÃO BRASILEIRA DE TECNOLOGIA
DA SOLDAGEM**



PRODUCTS QUALIFICATIONS AND CERTIFICATION SYSTEM

**CERTIFICATION'S SOLICITATION OF
WELDING CONSUMABLES N°**



(It have to be filled by FBTS)

Name of the company

CNPJ:

State registration:

Address:

District:

ZIP code:

City:

State:

Country:

Phone number:

Fax:

E-Mail:

Person of contact:

Employment:

Phone number

Fax:

E-Mail:

Certification type: A ☐ B ☒ (veja Regras Gerais - IIC-001)

Qualification rule:

The collect place of the samples :

Address:

District:

Zip code:

City:

State:

Country:

Uses type:

☐ Electrode covered

☐ Rod

☐ Flux

☐ Tubular wire

☐ Solid wire

Specification:	Classification:	Trade Mark

Obs.: I declare that I am in agreement with the subcontractation by FBTS of the laboratorial services inhered to the certification process and I make the compromise of respect the rules for the certification and to give all the informations required to the avaliation of thr product(s) that has/have to be certificated.

Responsible person of the solicitation: _____

name:

phone number:

cont.

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