

COMPANY NAME, ADDRESS AND SCOPE OF OPERATIONS

THIS FORM IS FOR: NAME AND/OR ADDRESS CHANGE
 SCOPE CHANGE

STANDARD			
<input checked="" type="checkbox"/> W47.1	<input type="checkbox"/> W47.2	<input type="checkbox"/> W55.3	<input type="checkbox"/> W186

CERTIFICATION APPLIES TO THE FOLLOWING FACILITY:

Provide the exact name of the Company Plant, Division and the Address to which certification applies.
(Do not show the address as a Post Office Box. An exact street address is required)

Company Name: **HNH Machine Ltd.**

Address: 110 Towerline Place

City: London

Prov./State: Ontario

Country: Canada

Postal Code: N6E 3T1

Phone: (519) 680-3880

Fax: (519) 680-3884

Website: www.hnhmachine.com

Is the designated Certification Contact located at the above address or at the address shown below

Address:

City:

Prov./State:

Country:

Postal Code:

Phone:

Fax:

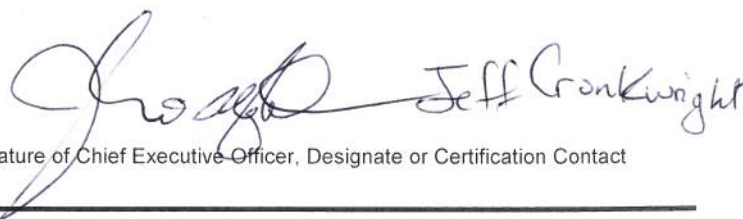
Email:

SCOPE OR TYPE OF WORK TO WHICH CERTIFICATION APPLIES

If this Form is for a Scope change describe below the Scope or Type of Work performed:

Robotic Welding of carbon steel.

DATE	3/28/13
	MM / DD / YYYY


 Signature of Chief Executive Officer, Designate or Certification Contact