



Design Registration Application

Mail Form to:
ABSA
9410 – 20th Avenue
Edmonton, AB
Canada T6N 0A4

Date of Application: _____

Please fill out a separate form for each design/procedure you wish to register.

Note: Two sets of drawings (folded) and one set of calculations are required to be submitted.

<input type="checkbox"/> New submission <input type="checkbox"/> Resubmission (Ref. Tracking No.: _____) <input type="checkbox"/> Revision CRN: _____ <input type="checkbox"/> Repair or Alteration CRN: _____ A # _____	FOR ABSA OFFICE USE ONLY: Tracking No. _____ Date Received _____ Design Surveyor Assigned _____ Anticipated Response Date _____
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A Manufacturer's Company Name (Plant Owner for Piping Submission): _____ _____ Mailing Address: _____ _____ _____ Contact Person: _____ Phone Number: _____ Fax Number: _____ E-Mail Address: _____	B Submitted by (If other than shown in A) Company Name: _____ _____ Mailing Address: _____ _____ _____ Contact Person: _____ Phone Number: _____ Fax Number: _____ E-Mail Address: _____
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Main Drawing No(s). (or Fittings Catalogue No.) _____

Design currently registered under CRN _____ (Ensure that proof of this registration is attached.)

Description/Type of Boiler/Pressure Vessel/Fitting/Piping: _____

Date Registration is required: _____

Rush Rate Authorized Approved By: _____

Category of design/procedure: <input type="checkbox"/> Vessel/Boiler Code of Construction Sect _____ Div _____ <input type="checkbox"/> Piping (Form AB-96 attached) <input type="checkbox"/> Fitting (Form AB-41/Statutory Declaration, with original signatures must be attached) <input type="checkbox"/> Repair or Alteration <input type="checkbox"/> Welding Procedure <input type="checkbox"/> Other (specify) _____ _____ _____	(Invoicing Instructions) Invoice to be sent to: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other <small>(specify below)</small> Return drawings to: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other <small>(specify below)</small> Company Name: _____ Mailing Address: _____ _____ P.O. # or Reference No. _____
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