



the pressure equipment safety authority

DECLARATION FOR POWER ENGINEERS EXPERIENCE

AB-66(a) 2022-06

To be Completed by Applicant (Please Print):

Mr. Mrs. Ms. (Last Name, First Name, Middle Initial) ABSA File No: A- (for previous applicants only)

Email Address: Cell No.: Date of Birth: (yyyy/mm/dd)

Note: If you are not satisfied with the outcome of your application regarding certification, please follow the appeal process as mentioned on the website: www.absa.ca

Declaration of the Applicant's Experience

To be completed by Chief Power Engineer or Company Official:

Company Name: Plant Name: Plant Location:

Type of Plant: Power Plant Heating Plant Traction Engine Pressure Plant Thermal Liquid Heating System

Boiler Kilowatts Rating: Boiler Pressure: Steam Fluid

Plant Registry Number: R- AND/OR ABSA Boiler Wall Certificate Number: A- A- A-

Please note that an ABSA Boiler Wall Certificate number and/or a Plant Registry number is required in order to verify the information provided on this application. Missing information may result in a delay in processing this application.

Applicant's Operating Experience:

From: To: (yyyy/mm/dd) (yyyy/mm/dd)

Job Position: Months, Hours

Job Position: Months, Hours

Job Positions are: Chief Power Engineer, Shift Engineer, Assistant Shift Engineer, Assistant Engineer, Process Operator (Note 1), Heating Plant Operator, Power Engineer in Charge and Thermal Liquid Heating System Operator, Steam Traction Operator, Process Fired Heater Operator (Note 1).

Note 1: When experience as a Process Operator or a Process Fired Heater Operator is being used towards a Power Engineer's Certificate of Competency, it will be necessary for the applicant to submit with this application a copy of their resume and a list of the equipment operated, including the duties and responsibilities, signed by the Chief Power Engineer or Company Official.

Name of Chief Power Engineer or Company Official:

Position:

Work Phone: Cell Phone:

Work Email Address:

Signature: Date:

By my signature, I, Name of Chief Power Engineer or Company Official, A- ABSA File Number, declare the above information

for Name of Applicant to be true and complete to the best of my knowledge. I also declare

that the applicant is competent in carrying out the job tasks as per the "Owners" training/competency program.

PLEASE KEEP A COPY FOR YOUR RECORDS. You may return the completed form by email, fax or mail.

EMAIL: EXAMS@ABSA.CA | FAX: (780) 437-7787 | MAIL: 9410 - 20 Ave. NW Edmonton, AB T6N 0A4 |

The information you provide on this form is necessary for the administration of the Power Engineers Regulation under the Safety Codes Act.

The personal information collected on this form is for the purpose of reviewing your Power Engineer declaration of operating experience. This personal information collection is authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of personal information, you may contact generalinq@absa.ca, or by mail to ABSA, 9410 20 Ave. NW, Edmonton, AB, T6N 0A4.