ABSA
the pressure equipment safety authority

DECLARATION APPLICATION FOR DUPLICATE CERTIFICATES OF COMPETENCY FOR POWER ENGINEERS, IN-SERVICE INSPECTORS AND WELDING EXAMINERS

AB-74 2026-11

Declaration:

I, _____ (Last Name) _____ (First Name) _____ (Initial) of

_____ (Street Address) _____ (City, Province) _____ (Postal Code)

_____ (Telephone Number) _____ (Date of Birth (yyyy/mm/dd)) _____ (E-Mail Address)

Declare that I am the holder of a _____ Certificate of Competency

Issued in the year _____ under File Number _____ and

that the said certificate renewal card was, not received ☐, lost ☐, stolen ☐, destroyed ☐,

or change of name ☐ on or about the _____ day of _____ .

I am requesting a duplicate of the above certificate be issued to me:

Date: _____ (yyyy/mm/dd) Signature: _____

Please indicate which certificate you are requesting.

☐ Fee for duplicate Certificate Renewal Card (wallet card): **$20.50**

☐ Fee for duplicate Certificate of Competency (8”x11”, wall-sized certificate): **$71.40**

Please note that the fees for a duplicate Certificate Renewal Card and/or a duplicate Certificate of Competency are non-refundable.

email to: certificates@absa.ca

or

Mail to:

ABSA,
the pressure equipment safety authority
9410 – 20th Avenue
Edmonton, AB T6N 0A4

Phone: (780) 437-9100
Exams Toll Free Line: 1-888-454-3926
www.absa.ca

Amount: $ _____ Cash* ☐ Cheque ☐ MC ☐ Visa ☐ Debit* ☐ AMEX ☐

***Cash and Debit payments must be made in person (Edmonton & Calgary ABSA offices only).**

Cardholder Name: _____

Card Number: _____

Expiry Date: _____ (mm/yy)

CVV Number (3 or 4-digit number found on the back of your credit card) _____

Postal Code: _____

Cardholder Signature: _____

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

The personal information collected on this form is for the purpose of processing your Application for Duplicate Certificates of Competency. This personal information collection is authorized by section 4(c) of the Protection of Privacy Act and will only be used for this purpose. If you have any questions about the collection of personal information, you may contact ABSA at generalinq@absa.ca or by mail to ABSA, 9410 20 Ave. NW, Edmonton, AB, T6N 0A4.