

1. PERSONAL INFORMATION (Please Print)

File No: _____
(mandatory)

Name of Applicant: _____ Date of Birth: _____
(Surname) (Given Name) (yy/mm/dd)

Address: _____
(Apt./Street) (City) (Postal Code)

Home Phone No.: _____ Work Phone No.: _____ Cell Phone No.: _____

E-Mail Address: _____
(mandatory)

I am applying to renew my in-service pressure equipment inspector certificate.
(fee includes one examination)

Section A: Examination (complete only one of the four subsections)

1) Re-certification Examination (certificate has not expired, or has expired less than one year, and all re-certification requirements are met) Fee: \$162.00

This examination will now be scheduled as an on-line examination by ABSA. You will be contacted by e-mail with the log-in instructions. You will then have 30 days to log-in and activate your account and write your examination. If you do not activate your account in the 30 days of receiving the log-in instructions, the log-in will become invalid and you will have to re-apply to write the examination and pay the fee again.

2) Inspector Certification Examination (re-certification requirements are not met and certificate not expired over one year) Fee: \$162.00

Preferred month for writing examination: _____ Location: _____

3) Inspector Certification Examination (certificate expired over one year) Fee: \$259.00

Preferred month for writing examination: _____ Location: _____

4) Examination only (I have failed the first examination, I am applying to write an examination again) Fee \$97.00

Preferred month for writing examination: _____ Location: _____

APPLICATION MUST BE SUBMITTED A MINIMUM OF 21 DAYS PRIOR TO EXAMINATION DATE.

Applicant's signature: _____ Date: _____

Caution: Certificate issued may be cancelled or suspended for false statements or documentation included in this application. Application fee is \$162.00 and is non-refundable. Exam fee is \$97.00. GST is not required. N.S.F. cheque subject to a \$25.00 charge.

<p>Cheque payable to: ABSA, the pressure equipment safety authority 9410 – 20th Avenue Edmonton, AB T6N 0A4 Phone (780) 437-9100 Fax (780)437-7787 Exams Toll free line - 1-888-454-3926 www.absa.ca</p>	<p>Amount: Cash <input type="checkbox"/>, Cheque <input type="checkbox"/>, MC <input type="checkbox"/>, Visa <input type="checkbox"/>, Debit <input type="checkbox"/>, AMEX <input type="checkbox"/></p> <p>Cardholder Name: _____</p> <p>Card Number: _____</p> <p>Expiry Date: _____</p> <p>Signature: _____</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name of Candidate: _____
(Surname) (Given Name)

File No.: _____
(mandatory)

Section B: Continuing education in pressure equipment
(a minimum of 80 hours of continuing education during the previous 5 years)

Attached documentation for each item

Course, Seminar or Conference	Issuing Company or Institute	Date	Number of Hours

Section C: In-service pressure equipment inspection experience
(a minimum of 15 weeks of inspection experience in the previous five (5) years)

Attached is a copy of my work experience for the last 5 years

NOTE: If you are the Chief Inspector, have another person from the management team, who is familiar with your job, verify your experience. It can be in the form of a letter or an email.

Company Name:	Duration:
Chief Inspector's name:	Chief Inspector's File Number: A-
Signature:	Date:
Work phone no.:	Work email address:
Applicant's responsibility:	

Company Name:	Duration:
Chief Inspector's name:	Chief Inspector's File Number: A-
Signature:	Date:
Work phone no.:	Work email address:
Applicant's responsibility:	

Company Name:	Duration:
Chief Inspector's name:	Chief Inspector's File Number: A-
Signature:	Date:
Work phone no.:	Work email address:
Applicant's responsibility:	

FOR OFFICE USE ONLY	
Approved For:	Exam Date:
Date Approved:	Location:
Recommendation:	
Signature of SCO:	