

**EMPLOYER'S/TESTING ORGANIZATION APPLICATION FOR
GRADE "C" PRESSURE WELDER**

I, _____
(Print Name) (State Title)

of _____
(Company/Organization Name and Address)

declare:

(1) That I know _____
(Welder's Name in Full) (Date of Birth)

of _____
(Address in Full)

(2) That the person in (1) states he has had experience as a welder with the following companies:

_____ of _____ for _____ months

_____ of _____ for _____ months

_____ of _____ for _____ months

Total _____ months
(Out of Province welders 36 months minimum)

(3) And that he holds the following Certificates of Competency:

PROVINCE/COUNTRY	CLASS AND NO. OF CERTIFICATE
_____	_____
_____	_____
_____	_____

(4) This person is competent to engage in the class of Pressure Welding required at:

(Location of Job)

(5) This Certificate of Competency is required for a period of _____ (Max. 24 months)

(6) I will return the Certificate of Competency upon its expiry, or when the person named on the Certificate is no longer employed on the project mentioned above.

(7) I have enclosed the prescribed fee of \$242.00. (Additional fees may apply for special circumstances)

NOTE:

Please make remittance payable to:
ABSA
Address:
9410 – 20th Avenue
Edmonton, AB
T6N 0A4

(Signature of Employer or Authorized Agent)

(Date)

(Signature of Welder)

(Use reverse side of form for Grade "C" Pressure Welder Performance Qualification Test)

PERFORMANCE QUALIFICATION TEST

Name: _____
(Full Name in Block Letters)

Address: _____
(Address in Full)

Welding Procedure Registration No. **WP-** _____,2 WPS Specification No. _____

QUALIFICATION INFORMATION

Process(es)			Base Metal Spec.		to
Deposited Weld Metal			Material (P. No.)		to
Filler Metal Specification/Classification			Test Coupon Thickness		
Filler Metal (F.No.)			Test Coupon Diameter		
Backing			Position(s) Tested		
Progression			Backing Gas		

TEST RESULTS

GUIDED BENDS	Coupon No.	PASS	FAIL	GUIDED BENDS	Coupon No.	PASS	FAIL
Face Bend				Side Bend			
Face Bend				Side Bend			
Root Bend				Side Bend			
Root Bend				Side Bend			

RADIOGRAPHIC RESULTS PASS FAIL

OTHER TESTS/REMARKS _____

Performance Qualification Test Held At _____

I therefore recommend the issuance of a Grade "C" Pressure Welder's Certificate

I therefore do not recommend any Certificate.

FEE \$242.00 Invoice or Rec. No.: _____

Details of Performance Qualification when Certificate is issued:

Certificate No. _____

(to be filled out by Examiner)

Process(es)	_____	_____	Material P.No)	_____
Max Deposited Weld Metal	_____	_____	Minimum Pipe Dia.	_____
Filler Metal Group (F No.)	_____	_____	Position(s) Qualified	_____
Backing	_____	_____	Backing Gas	_____
Progression	_____	_____		

(Date of Test) (Date of Expiry) (Safety Codes Officer) Please Print Name Beside Signature (Date)

FOR OFFICE USE ONLY:

Welding Specialist

Date

TO BE COMPLETED BY EMPLOYER/TESTING ORGANIZATION

(Complete only one of the four sections below).

1) Initial Certificate of Competency

This is the candidate's first application for a Grade C Pressure Welder Certificate. The candidate has not held an Alberta Grade C Pressure Welder Certificate of Competency previously.

This is the candidate's _____ application for a Grade C Pressure Welder Certificate (for urgent nature).

Please provide justification and background. - _____

2) Additional Performance Qualification Card(for testing conducted by an ABSA Safety Codes Officer only, welder needs to have a current Grade C Certificate of Competency. Expiration date of this new Performance Qualification Card will be the same as their original Performance Qualification Card. – see Note*)

The candidate is applying for additional performance qualification.

Candidate's file number is C-_____ and the certificate will expire on _____.

Additional Performance Qualification requested _____

***Note: This form should not be completed if a manufacturer issues an additional performance qualification (AB-76A form) that is within the scope of its ABSA – Accepted Welder Testing program, as established in Information Bulletin IB11-002.**

3) Certificate Transfer

A new employer is applying for transfer of certification

Candidate's file number is C-_____ and the certificate will expire on _____.

Name of previous employer: _____

Termination date: _____

Complete Side A (except items 2 & 3); Side C & D of this form.

4) Certificate Renewal

The Candidate is an Alberta Welding Apprentice. 2nd Year 3rd Year

The Candidate is an Alberta Journeyman Welder or Inter-provincial Red Seal Journeyman Welder.

Reason for renewal: _____

The candidate's file number is C-_____ and the certificate will expire on _____ (yyyy/mm/dd).

TO BE COMPLETED BY EMPLOYER/TESTING ORGANIZATION AND CANDIDATE

Message to Employer/Testing Organization and Grade C Candidate

In general, a Grade C Certificate of Competency will not be renewed. A Grade C welder is expected to pass a test for a Grade B Certificate of Competency in order to continue welding on pressure equipment.

A subsequent Grade C certificate will only be considered for an Alberta Journeyman Welder, a Red Seal Inter-Provincial Journeyman Welder or an Alberta Welding Apprentice. It is the responsibility of the individual to contact Alberta Advanced Education with respect to the Alberta welding apprenticeship program.

A new employer may apply to transfer the Grade C Certification when the welder's services have been terminated from a previous employer. Retesting will not be required if lapse between employment, as a welder in Alberta, does not exceed 6 months. A new Certificate of Competency will be issued to reflect the new employer and location(s). However, the same expiry date and performance qualification will be transferred from the original certification issued.

A Grade C Certificate of Competency may be renewed for an Alberta apprentice. The certificate may also be renewed for a Journeyman Welder under special circumstances. The employer would need to submit justification, for acceptance by the Administrator, of why the journeyman was unable to attain Grade B certification.

Employer/Testing Organization	Grade C Candidate
I have read the above information and verify, to the best of my knowledge, that the candidate's certification status is correct. <input type="checkbox"/>	The above information, regarding my certification status, is correct. <input type="checkbox"/>
Print Name	Print Name
Title	
Signature	Signature
Date	Date
Work Phone number ()	Home phone number ()
Work email address	Birthday (yyyy/mm/dd)