ABSA
the pressure equipment safety authority

MACHINE WELDING OPERATOR: Application for Certificate of Competency/Performance Qualification

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AB-070 2026-11

MACHINE WELDING OPERATOR: TEMPORARY QUALIFICATION RECORD

A. I, _____ (Last Name) (Initial) (First Name) Date of Birth (YYYY/MM/DD)

of, _____ Mailing Address (Apt/Street/PO Box) (City) (Prov) (Postal Code)

Home Tel.: _____ Bus Tel.: _____

Email: _____

do hereby make application to undertake examination for a Machine Welding Operator's Certificate of Competency under the Safety Codes Act and Regulations.

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

B. I am employed by: _____ (Name of Organization) (Address of Organization)

_____ (Signature of Applicant) _____ (Date)

Name _____ (Last Name)

_____ (First Name)

MW- _____ (File No.)

Variables Corrosion-Resistant Overlay (CRO) ☐, Hard-Facing Overlay (HFO) ☐, or Neither ☐

Company's WPS Registration/Specification No.	
Base Metal Spec. and Type/Grade or UNS No. (Info)	
Base Metal Thickness (Info)	
Filler Metal (Classification (Info))	

	Actual Values		Range Qualified	
Process(es)				
Direct or remote visual control (QW-361.2(b))				
Automatic joint tracking (QW-361.2(d))				
Welding position (1G, 5G, etc.) (QW-361.2(e))				
GTAW, PAW, LLBW - Consumable insert (QW-361.2(f))				
GTAW – Automatic arc voltage control (QW-361.2(c))				
Backing (with/without) (QW-361.2(g))				
Single or multiple pass per side (QW-361.2(h))				
HFO or CRO – Weld deposit thickness (QW-381.2 (c)/382.1(f))				
HFO – Classification (QW-361.2(h))				

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			

Visual Examination (QW-302.4) : ACCEPTABLE ☐ **Radiographic Results:** PASS ☐ FAIL ☐

Remarks _____

Performance Qualification Test Held At: _____

☐ I therefore recommend the issuance of a Machine Welder Certificate of Competency

☐ I therefore do not recommend the issuance of a Machine Welder Certificate of Competency

_____ (Date of Test) _____ (Date of Expiry) _____ (Safety Codes Officer) Print/Sign

This document is a temporary Certificate of Competency and Performance Qualification Card that is valid for 30 days. If you do not receive the permanent cards within 21 days of this test, please notify: welding@absa.ca and include a copy of this page.

_____ (Issue Date)

_____ (Safety Codes Officer/DOP)

FOR OFFICE USE ONLY

FEE: $293.10 – additional fees may apply per fee schedule

☐ Invoice _____

_____ SCO E&C _____ Date

The personal information collected on this form is for the purpose of processing your Application for Machine Welder Certificate 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.