



APPLICATION

A. I, \_\_\_\_\_ (Full Name in Block Letters)

of, \_\_\_\_\_ (Address in Full) \_\_\_\_\_ Date of Birth (YYYY/MM/DD)

Home Telephone Number: \_\_\_\_\_ Business Telephone Number: \_\_\_\_\_

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

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

C. I am the holder of the following Welder's Certificates: Table with columns: PROVINCE, CLASS AND No. OF CERTIFICATE, FILE NUMBER

D. I have had experience as a Welder or Welding Operator with the following Companies: \_\_\_\_\_ of \_\_\_\_\_ for \_\_\_\_\_ months

Approved for Examination \_\_\_\_\_ (Date) \_\_\_\_\_ (Safety Codes Officer) \_\_\_\_\_ (Date)

PERFORMANCE QUALIFICATION TEST

Qualification Information

Table with columns: Qualification Information (Base Metal Spec., Material P. No., Test Coupon Thickness, Filler Metal Specification, Diameter of Test Coupon, Process(es), Deposited Weld Metal, Filler Metal (F.No.), Position(s) Tested) and Test Results (Pass, Fail)

Performance Qualification Test Held At: \_\_\_\_\_

A Performance Qualification Test Card (has)  (has not)  been issued. (See Note)

Details of Performance Qualification when Certificate is issued: FEE \$242.00

Card No. \_\_\_\_\_ Process \_\_\_\_\_ Material (P.No.) \_\_\_\_\_ Invoice or Receipt \_\_\_\_\_

(Date of Test) \_\_\_\_\_ (Date of Expiry) \_\_\_\_\_ (Safety Codes Officer) \_\_\_\_\_ Please Print Name beside signature \_\_\_\_\_ (Date) \_\_\_\_\_

Note: Please forward the completed Form and Performance Qualification Card to the ABSA Edmonton Office

FOR OFFICE USE ONLY

Assigned FILE NO. MW - \_\_\_\_\_

Welding Specialist \_\_\_\_\_ Date \_\_\_\_\_