



the pressure equipment safety authority

APPLICATION FOR WELDING EXAMINER CERTIFICATION WITHOUT EXAMINATION

AB-72 2021-05

PERSONAL INFORMATION (Please Print)

NOTE: This form is intended for use of applicants holding a welding examiner certification issued without examination and now are employed by a new testing organization

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

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

Phone Number: _____ E-Mail Address: _____

I hereby apply for Welding Examiner certification without examination:

To verify my: _____ A copy of my: _____ Is attached*

- Satisfactory vision 20/30 correctable vision eye exam result *
- Welding Examiner File Number: _____

Signature of Applicant: _____ Date: _____

Caution: Certificate issued may be cancelled or suspended if false statements or documentation included in this application.
* These documents must be submitted before a certificate of competency will be issued. Satisfactory eye examination result (20/30 correctable vision) shall have been conducted no more than one (1) year prior to submission.

A \$118.00 APPLICATION FEE IS REQUIRED. APPLICATION FEE IS NON-REFUNDABLE. N.S.F. cheque subject to a \$25.00 charge.

Cheque payable to: ABSA 9410 – 20 th Avenue Edmonton, AB T6N 0A4 Phone (780) 437-9100 Fax 437-7787 Exams Toll free line - 1-888-454-3926 www.absa.ca	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"/> Cardholder Name: _____ Card Number: _____ Expiry Date: _____ Signature: _____
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To be completed by Quality Control Manager. Should the applicant be the Quality Control Manager, this section shall be signed by the senior management person who signed-off the quality manual statement of authority.

I hereby certify _____ is to be designated to conduct performance qualification tests on behalf of _____ AOQP # _____.

Name: _____ Title: _____ Signature: _____
(print)

Phone: _____ Date: _____ E-Mail: _____

FOR DEPARTMENT USE ONLY

File No: _____

Verified as authorized welding examiner: Yes _____ No _____

Eye examination result satisfied: Yes _____ No _____ Comment: _____

Eligible for certification: Yes _____ No _____

Coordinator/Manager Signature: _____ Date: _____

The personal information collected on this form is for the purpose of processing your Application for Welding Examiner Certification without examination. This personal information collection is authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of personal information, you may contact generalinq@absa.ca, or by mail to ABSA, 9410 20 Ave. NW, Edmonton, AB, T6N 0A4.