ABSA
the pressure equipment safety authority

APPLICATION FOR WELDING EXAMINER CERTIFICATION WITHOUT EXAMINATION

AB-72 2026-11

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: _____
(Last Name, First Name)) (yyyy/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.

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

A $142.80 APPLICATION FEE IS REQUIRED. APPLICATION FEE IS NON-REFUNDABLE.

Cheque payable to: ABSA, the pressure equipment safety authority 9410 – 20th Avenue Edmonton, AB T6N 0A4 ****N.S.F. Cheques Subject to $30.25 Fee** **Phone:** (780) 437-9100 **Fax:** (780) 437-7787 **Welders Toll free line:** 1-877-433-8910 **email to**: welding@absa.ca	Amount: $ _____ Cash* ☐ Cheque** ☐ MC* ☐ Visa* ☐ Debit* ☐ AMEX ☐ ***Debit Visa, Debit MasterCard, Cash and Debit accepted in person only (Edmonton and Calgary ABSA Offices)** Cardholder Name: _____ Card Number: _____ Expiry Date: _____ (mm/yy) **CVV Number (3 or 4-digit number found on the back of your card)** ☐ Cardholder Signature: _____

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 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.