

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: <div style="text-align: right;">ABSA</div> 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: _____