

**DECLARATION
APPLICATION FOR DUPLICATE CERTIFICATES OF COMPETENCY
FOR POWER ENGINEERS, IN-SERVICE INSPECTORS
AND WELDING EXAMINERS**

I, _____ of
Last Name First Name Initial

Street Address City, Province Postal Code

Telephone Number Date of Birth (yyyy/mm/dd) E-Mail Address

Declare that I am the holder of a _____ Certificate of Competency
Issued in the year _____ under File Number _____ and
that the said certificate renewal card was, not received , lost , stolen , destroyed ,
or change of name on or about the _____ day of _____ .

I am requesting a duplicate of the above certificate be issued to me, and agree to return
the original, if it is found, at some future date.

Date: _____ Signature: _____
(yyyy/mm/dd)

Please indicate which certificate you are requesting:

- Fee for duplicate Certificate Renewal Card -----\$17.00.
- Fee for duplicate Certificate of Competency -----\$59.00.

<p>Cheque payable to: ABSA, the pressure equipment safety authority 9410 – 20th Avenue Edmonton, AB T6N 0A4 N.S.F. Cheques Subject to \$25.00 Fee</p> <p>Phone (780) 437-9100 Fax (780) 437-7787 Exams Toll Free Line - 1-888-454-3926 www.absa.ca email to: certificates@absa.ca</p>	<p>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"/></p> <p align="right">*Only in person. Debit Visa not accepted</p>				
	<p>Cardholder Name: _____</p>				
	<p>Card Number: _____</p>				
	<p>Expiry Date: _____</p> <table border="1" style="float: right;"> <tr> <td style="text-align: center;">ABSA Use only</td> <td style="width: 50px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Auth. #</td> <td></td> </tr> </table>	ABSA Use only		Auth. #	
	ABSA Use only				
Auth. #					
<p>Cardholder Signature: _____</p>					