



the pressure equipment safety authority

DECLARATION APPLICATION FOR DUPLICATE CERTIFICATE OR P.Q. CARD PURSUANT TO PRESSURE WELDERS REGULATION

Tel: (780) 437-9100 / Fax: (780) 437-7787 welding@absa.ca AB-77 2023-11

DECLARATION:

I, _____ of _____ (Last Name, First Name, Initial) (Street Address) (City) (Province) (Postal Code) and _____ (Telephone Number) _____ (E-mail Address) _____ Date of Birth (YYYY/MM/DD)

declare that I am the holder of a B Pressure [], C Pressure [], Machine Welder [], Welding Examiner [] Certificate of Competency issued in the year _____ under File Number W- _____ and that the said certificate was: not received [], lost [], stolen [], destroyed [], transfer [], or legal name change [], or other [], on or about _____ (YYYY/MM/DD)

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

Date: _____ (YYYY/MM/DD) _____ (Signature)

- \$66.20 [] Fee for duplicate Certificate of Competency:
\$39.80 [] Fee for duplicate Performance Qualification Card:

Cheque payable to: ABSA, the pressure equipment safety authority, 9410 - 20th Avenue, Edmonton, AB T6N 0A4. Amount: \$ _____ Cash* [] Cheque** [] MC* [] Visa* [] Debit* [] AMEX [] *Debit Visa, Debit MasterCard, Cash and Debit accepted in person only (Edmonton and Calgary ABSA Offices)

*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

Approval for issuance of Duplicate P.Q Card

Approval for issuance of:

File No. _____ Card No. _____ Duplicate Cert. Wall []
Process(es) _____ / _____ Material (P. No.) _____ Duplicate Cert. (card) []
Max Deposited Weld Metal _____ / _____ Minimum Pipe Dia. _____ ABSA File No. W- _____
Filler Metal Group (F. No.) _____ / _____ Position(s) Qualified _____ Grade of Certificate _____
Certificate Reference No. _____
Date of Test _____ Date of Expiry _____

SCO E&C

Date