



the pressure equipment safety authority

Tel: (780) 437-9100 / Fax: (780) 437-7787
welders2@absa.ca AB-77 2021-05

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

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)

\$59.00 Fee for duplicate Certificate of Competency:
\$35.50 Fee for duplicate Performance Qualification Card:

Payment made by: Cash, Interac, MC, Visa, Cheque * See Note, AMEX
Cardholder: _____ Card #: _____ Expiry Date: _____
Signature: _____

***NOTE: CHEQUE PAYABLE TO: ABSA. N.S.F. cheque subject to a \$25.00 charge. Allow 7-10 working days for Certificate/Card unless using a certified cheque.**

Approval for issuance of Duplicate P.Q Card

File No. _____ Card No. _____
Process(es) _____ / _____ Material (P. No.) _____
Max Deposited Weld Metal _____ / _____ Minimum Pipe Dia. _____
Filler Metal Group (F. No.) _____ / _____ Position(s) Qualified _____

Date of Test _____ Date of Expiry _____

Approval for issuance of:

Duplicate Cert. Wall
Duplicate Cert. (card)
ABSA File No. W- _____
Grade of Certificate _____
Certificate Reference No. _____

Welding Specialist Date

The personal information collected on this form is for the purpose of processing your Application for Duplicate Certificates or P.Q. Card. 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.