



the pressure equipment safety authority

9410 – 20th Avenue
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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 _____ Minimum
Weld Metal _____ / _____ Pipe Dia. _____
Filler Metal Group _____ Position(s)
(F. No.) _____ / _____ Qualified _____

Approval for issuance of:

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

Date of Test

Date of Expiry

Welding Specialist

Date