



**REQUEST FOR AN ORIGINAL CERTIFICATE
ISSUED PURSUANT TO THE PRESSURE WELDERS REGULATION**
*(NOTE: USE ONLY FOR REQUESTING THE NEW CARD-SIZED CERTIFICATE)

I, _____
(NAME)

OF, _____
(ADDRESS)

Declare:

That I am the holder of a _____ Certificate of Competency issued
under File Number _____

That I have never been issued said document and request this original certificate be
issued to me.

Date

(Signature)

FOR ABSA USE ONLY

Approval for issuance of an original (card-sized) Certificate of Competency

ABSA File No. _____ Grade of Certificate _____

Reverse Side Certificate Reference No. _____

Administrator/Chief Inspector

Signature