ABSA
the pressure equipment safety authority

Tel: (780) 437-9100 / Fax: (780) 437-7787 AB-91 2026-06

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

The personal information collected on this form is for the purpose of processing your Request for an Original Certificate. This personal information collection is authorized by section 4(c) of the Protection of Privacy Act and will only be used for this purpose. 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.