ABSA
the pressure equipment safety authority

APPLICATION FOR WELDING EXAMINER CERTIFICATION EXAMINATION

AB-92 2026-11

Please submit the completed form to ABSA by email, fax, or mail:
Email: welding@absa.ca | Fax: (780) 437-7787 |
Mail: 9410 – 20th Avenue, Edmonton, AB T6N 0A4

System/File #: _____
(Previous Applicants)

PERSONAL INFORMATION (Please Print)

Name of Applicant: _____ Date of Birth: _____
(Last Name) (First Name) (yyyy/mm/dd)

Address: _____
(Apt/Street) (City) (Prov) (Postal Code)

Phone Number: _____ E-Mail Address: _____

I hereby apply to write the following Welding Examiner examination:

- ☐ Paper 1 Welding Processes and Filler Metals
- ☐ Paper 2 Metallurgy and Materials
- ☐ Paper 3 Quality Control and Weld Evaluation (AB-92a QC Sample Manual (Study Guide))
- ☐ Paper 4 Regulations and Codes

I would prefer to write the examination in:
(Select **one** location and date)

- ☐ Edmonton Date (mm/yy): _____
- ☐ Calgary Date (mm/yy): _____

Satisfactory eye examination result (20/30 correctable vision) must also be submitted after successful completion of the examination papers, before a certificate of competency will be issued.

Signature of Applicant: _____ Date (yyyy/mm/dd): _____

FIRST TIME APPLICANTS

To verify my certification/designations, I have attached at least one of the following documents (check all that apply): (*Please see AB-94, Welding Examiner Syllabus*)

- ☐ EIT or P. Eng. with a B.Sc. in Material, Metallurgy, Welding or Mechanical Engineering
- ☐ First Class Power Engineers' Certificate of Competency
- ☐ CET with a Diploma in Materials or Mechanical Engineering Technology
- ☐ Diploma in Welding Engineering Technology
- ☐ Grade "B" Pressure Welder
- ☐ CSA W178.2 Welding Inspector Level II or III; or AWS QC1 CWI or SCWI
- ☐ Safety Codes Officer – Boiler Discipline
- ☐ Welding Examiner in Training
- ☐ Other Equivalent Qualification

NON-REFUNDABLE PAYMENT MADE BY: Cash* ☐, Cheque** ☐, M/C* ☐, Visa* ☐, Debit* ☐, AMEX ☐
$142.80 fee is required for scheduling.

Card Number: _____ Expiry Date (mm/yy): _____

Cardholder Name: _____ Signature: _____

*Debit Visa, Debit MasterCard, Cash and Debit accepted in person only (Edmonton and Calgary ABSA Offices)
**Make Cheque payable to ABSA. NSF cheque subject to a $30.25 charge.

Cancellation Policy

A candidate who fails to appear for the scheduled test must satisfy either of the following conditions, otherwise the fee paid will be considered forfeit:

1. Candidate must give 5 working days notice of intention to test at a later date – not including the test day, allowable one time only or
2. Candidate must, within 7 days after the test, give a satisfactory reason to the Administrator/Chief Inspector for the non-appearance.

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

FOR DEPARTMENT USE ONLY

Eligible for examination: Yes ☐ No ☐ Reason(s): _____

SCO E&C Signature: _____ Date: _____

Caution: *Certificate issued may be cancelled or suspended if false statements or documentation are included in this application.*

The personal information collected on this form is for the purpose of processing your Application for Welding Examiner Certification Examination. 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 ABSA at generalinq@absa.ca or by mail to ABSA, 9410 20 Ave. NW, Edmonton, AB, T6N 0A4.