



the pressure equipment safety authority

RENEWAL APPLICATION FOR WELDING EXAMINER

AB-93 2018-03

Please submit the completed form to ABSA by email, fax, or mail:

Email: welders2@absa.ca | Fax: (780) 437-7787 | Mail: 9410 – 20th Avenue, Edmonton, AB T6N 0A4

PERSONAL INFORMATION (Please Print):

System (WE/WG) #: _____

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

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

Phone Number: _____ E-Mail Address: _____

I hereby apply to renew my Welding Examiner Certificate of Competency:

- To verify my satisfactory vision, a copy of my 20/30 correctable vision eye exam result is attached.*
To verify my experience, a copy of my resume is attached.

Signature of Applicant: _____ Date: _____

Caution: Certificate issued may be cancelled or suspended if statements or documentation included in this application are false. A person with a lapsed certificate may be required by the Administrator to successfully challenge one or more exam papers.

* Satisfactory eye examination result (20/30 correctable vision) must also be submitted before a certificate of competency will be issued. The examination shall have been conducted no more than one (1) year prior to submission.

A \$118.00 RENEWAL FEE IS REQUIRED. RENEWAL FEE IS NON-REFUNDABLE.

MAKE CHEQUES PAYABLE TO: ABSA N.S.F. cheque subject to a \$25.00 charge.

Payment made by: Cash [], Cheque [], MC [], Visa [], Debit [], AMEX []

Card #: _____ Expiry Date: _____ Amount \$: _____

Cardholder: _____ Signature: _____

To be completed by Quality Control Manager. Should the applicant be the Quality Control Manager, this section shall be signed by the senior management person who signed-off the quality manual statement of authority.

Testing Organization: _____ AOQP#: _____

Applicant's period of employment as Welding Examiner from _____ to _____

Name: _____ (print) Title: _____ Signature: _____

Phone: _____ Date: _____ E-Mail: _____

FOR DEPARTMENT USE ONLY

Verified as authorized welding examiner: Yes [] No [] Eye exam result satisfied: Yes [] No []

Re-certification exam required: Yes [] No [] Paper required for re-certification: []1 []2 []3 []4

Exam result: Pass []1 []2 []3 []4 Fail []1 []2 []3 []4

Eligible for renewing certificate: Yes [] No [] Reason(s): _____

Welding Specialist Signature: _____ Date: _____