ABSA
the pressure equipment safety authority

RENEWAL APPLICATION FOR WELDING EXAMINER

AB-93 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

PERSONAL INFORMATION (**Please Print**):

System (WE/WG) #: _____

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 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.*

** 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*

A **$142.80 RENEWAL FEE** IS REQUIRED. **RENEWAL FEE IS NON-REFUNDABLE**.

Cheque payable to:
ABSA,
the pressure equipment safety authority
9410 – 20th Avenue
Edmonton, AB T6N 0A4
N.S.F. cheque subject to a $30.25 charge.

Phone: (780) 437-9100
Fax: (780) 437-7787
www.absa.ca
email to: welding@absa.ca

Amount: $_____ Cash* ☐ Cheque ☐ MC* ☐ Visa* ☐ Debit* ☐ AMEX ☐

***Cash, Debit, Debit Visa and Debit MasterCard only accepted when making a payment in person (Edmonton & Calgary ABSA offices only).**

Cardholder Name: _____

Card Number: _____

Expiry Date: _____ (mm/yy)

CVV Number (3 or 4-digit number found on the back of your card)	

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: _____ Title: _____ Signature: _____
(print)

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): _____

SCO E&C Signature: _____ Date: _____

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.