



the pressure equipment safety authority

RENEWAL APPLICATION FOR WELDING EXAMINER

AB-93 2021-05

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: \_\_\_\_\_