



the pressure equipment safety authority

OUT OF PROVINCE TRANSFER:
Application for Grade B Pressure Welder
Performance Qualification Card

Tel: 780-437-9100
Fax: 780-437-7787
welding@absa.ca
AB-129 (Side A) 2021-10

A. I, _____
(Last Name) (Initial) (First Name) Date of Birth (YYYY/MM/DD)
of, _____
Mailing Address (Apt / Street / PO Box) (City) (Province) (Postal Code)
Home Tel.: _____ Bus. Tel.: _____ Email: _____

B. I am the holder of the following and the tests were administered by the Jurisdiction:
a) Alberta Grade B Certificate of Competency File Number W- _____, and
b) Valid Pressure Welders Certificate (No. #) _____ issue by _____ with an
(Provincial Jurisdiction)
expiry date of _____

I am requesting this Performance Qualification card and declare the information provided is correct.

_____(Signature of Applicant) _____(Date)

Please submit copies of these documents with this form:

- 1) Grade B Certificate of Competency
2) Valid Pressure Welders Certificate/documentation that was issued by another Canadian Jurisdiction
3) Government issued Photo ID (i.e.: valid driver's license)

- BC: BCP100 Saskatchewan: F3-F4 Manitoba: F3-F4 Ontario: F3-F4 issued by TSSA
Quebec: "B" Pressure (Pression B) New Brunswick: F3-F4 Nova Scotia: NS01 & NS02
Newfoundland: GSC 001 or GSC 002 Prince Edward Island: PEI 001

FOR ABSA USE ONLY

File No. W- _____
PQ Card # _____

Table with columns: Actual Values, Range Qualified. Rows include: Process(es), GMAW - Transfer mode, Filler metal F-No., Weld deposit thickness, Backing, Progression, GTAW or PAW - Filler metal product form, GTAW - Welding current type & polarity, Base metal P-Number, Pipe Diameter, Welding position, GTAW, PAW or GMAW - Backing gas, GTAW or PAW - Consumable insert.

- I therefore recommend the issuance of a Grade B Certificate of Competency
I therefore do not recommend the issuance of a Grade B Certificate of Competency

Remarks _____

_____(Issued Date) _____(Date of Expiry) _____(Safety Codes Officer)

_____(Welding Specialist) _____(Date)



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welding@absa.ca

AB-129 (Side B) 2021-10

Name of Applicant: _____
(Last Name) (Initial) (First Name) Date of Birth (YYYY/MM/DD)

Submit Application to: ABSA 9410 – 20 th Avenue, Edmonton, Alberta T6N 0A4 Tel. (780) 437-9100 Fax (780) 437-7787 Or Email: welding@absa.ca	\$177.00 fee			
	Payment:	MC <input type="checkbox"/> , Visa <input type="checkbox"/> , AMEX <input type="checkbox"/> , Cash* <input type="checkbox"/> , Debit* <input type="checkbox"/>		
	Card Number:		Expiry Date:	
	Cardholder Name:		Signature:	

* Cash and debit payments may only be made in person at an ABSA office (Edmonton or Calgary)