ABSA
the pressure equipment safety authority

OUT OF PROVINCE TRANSFER: Application for Grade B Pressure Welder Certificate of Competency

Pursuant to the Canadian Labour Mobility Agreements

Tel: 780-437-9100
Fax: 780-437-7787
welding@absa.ca
AB-129(a) (Side A) 2026-11

A. Applicant Information

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

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

Phone No.: _____ Phone No.: _____ Email Address: _____
(Home) (Work)

B. Declaration

I am the holder of the following certifications, and the tests were administered by the province of:

a) Inter-provincial Red Seal or Journeyman/Journeyperson Certificate (No. #): _____

b) Recognized Pressure Welder Certificate (Grade B Equivalent):

Province of Issue: _____ Certificate No.:. _____ Expiry Date: _____
(yyyy/mm/dd)

Note: Supporting documentation must be submitted with the application form.
I confirm that I have attached copies of my:

☐ 1) **Inter-Provincial Red Seal Journeyman/Journeyperson Certificate or Welder Trade Certificate**
☐ 2) **Out of Province Grade B Equivalent Pressure Welder Certificate**
☐ 3) **Government issued Photo ID (i.e.: valid driver's license)**

I do hereby make application to obtain an Alberta Grade "B" Pressure Welders Certificate of Competency under the Safety Codes Act and Regulation and I declare that the information provided is correct.

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

C. Performance Qualification (to be Completed by ABSA)

FOR ABSA USE ONLY

File No. W- _____

PQ Card # _____

Performance Qualification Card details:

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

☐ SMAW

Process	SMAW	SMAW	**Material**	P1-15F, P34, P41-46, P81
Filler Metal	F3	F4	**Min. Pipe O.D.**	NPS 2½
Max Deposited Weld Metal	_____	_____	**Position(s) Qualified**	ALL
Backing	With/Without	With		
Progression	Uphill	Uphill		
_____				

☐ GTAW

Process	GTAW	SMAW	**Material**	P1-15F, P34, P1-46, P81
Filler Metal	F6	F4	**Min. Pipe O.D.**	NPS 2½
Max Deposited Weld Metal	_____	_____	**Position(s) Qualified**	ALL
Backing	With/Without	With	**Backing Gas**	With/Without
Progression	Uphill	Uphill		
Filler Product Form	Bare	N/A	**Consumable Insert**	Without
Current/ Polarity _____	DCEN	N/A		

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

_____ (SCO E&C) _____ (Date)

The personal information collected on this form is for the purpose of processing your Application for Out of Province, Grade B Welders' Certificate of Competency. 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.

D. Application Processing Time and Appeals

The application review process will begin once ABSA has received a "complete" application from the applicant. An application is considered complete only when the application, supporting documentation and payment have all been received by ABSA. Application fees are **non-refundable** once the application has been submitted to ABSA; regardless of the outcome of the review.

Incomplete applications submitted without supporting documentation, or missing information required for completing the review of this application, will be closed after 20 business days. Application fees are non-refundable once an application has been closed. Applicants are strongly encouraged to only submit an application if they are able to provide a complete application.

ABSA will provide the applicant with confirmation when the review process has been completed. Please allow 20 business days for the review to be completed.

If you are not satisfied with the outcome of your application regarding certification, please follow the appeal process within 30 calendar days as mentioned on the website: www.absa.ca

E. Fees and Payment

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

Non-Refundable Application Fee: $214.20

Cheque payable to: ABSA, the pressure equipment safety authority 9410 – 20th Avenue Edmonton, AB T6N 0A4 **N.S.F. Cheques Subject to $30.25 Fee** **Phone:** (780) 437-9100 **Fax:** (780) 437-7787 www.absa.ca **email to**: welding@absa.ca	Fee: **$214.20** Cash* ☐ Cheque ☐ MC ☐ Visa ☐ Debit* ☐ AMEX ☐ *** Cash and debit payments may only be made in person at an ABSA office (Edmonton or Calgary)** Cardholder Name: _____ Card Number: _____ Expiry Date: _____ (mm/yy) **CVV Number (3 or 4-digit number found on the back of your card)** ☐ Cardholder Signature: _____

Please fax, e-mail or mail application with payment. Please do not submit the application more than once.

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