



the pressure equipment safety authority

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

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

A. I, _____ (Last Name) _____ (Initial) _____ (First Name) _____ Date of Birth (YYYY/MM/DD)
of, _____ (Mailing Address) _____ (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) Inter-provincial Red Seal or Journeyman Certificate (No. #) _____
b) Recognized Pressure Welder Certificate (Grade B Equivalent)
Province of Issue: _____ Certificate No.: _____ Expiry Date: _____

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)

- Please submit copies of these documents with this form:
a) Inter-Provincial Red Seal Journeyman Certificate or Welder Trade Certificate
b) Out of Province Grade B Equivalent Pressure Welder Certificate
c) Government issued Photo ID (i.e.: valid driver's license)

FOR ABSA USE ONLY

Performance Qualification Card details:

- BC BCP100 equivalent
Saskatchewan F3-F4
Manitoba F3-F4 or F4
Ontario F3-F4 Only issued by TSSA
Quebec "B" pressure (Pression B)

File No. W-
PQ Card #

- New Brunswick F3-F4 or F4 "Qualified"
Nova Scotia NS01 & NS02
Newfoundland GSC 001 & GSC 002
Prince Edward Island PEI 001

SMAW

Table with 5 columns: Process, SMAW, SMAW, Material Min. Pipe O.D., P1-P15F, P34 & P4X. Rows include Filler Metal, Max Deposited Weld Metal, Backing Progression.

GTAW

Table with 5 columns: Process, GTAW, SMAW, Material Min. Pipe O.D., P1-P15F, P34 & P4X. Rows include Filler Metal, Max Deposited Weld Metal, Backing Progression, Filler Product Form, Current/Polarity.

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

(Welding Specialist) (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 33(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of personal information, you may contact generalinq@absa.ca, or by mail to ABSA, 9410 20 Ave. NW, Edmonton, AB, T6N 0A4.



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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)