ABSA
the pressure equipment safety authority

9410 – 20th Avenue
Edmonton, Alberta, Canada T6N 0A4
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AB-129(b) 2017-06

OUT OF PROVINCE

APPLICATION FOR THE GRADE C PRESSURE WELDER CERTIFICATE OF COMPETENCY PURSUANT TO THE CANADIAN LABOUR MOBILITY AGREEMENTS

A. I, _____ (Last Name) _____ (First Name) _____ (Initial)

of _____ (Street Address) _____ (City) _____ (Prov.) _____ (Postal Code)

_____ (Home Tel:) _____ (Bus Tel:) Date of Birth: _____ (YYYY/MM/DD) Email: _____

do hereby make application to obtain an Alberta Grade "C" Pressure Welder's Certificate under the Alberta Pressure Welders Regulation Section 12(1)(b) in recognition of a pressure welder's certificate from another Canadian jurisdiction. I understand that this is a temporary certificate and I will be required to successfully challenge the Alberta Grade "B" test in order to continue performing pressure welding in the province of Alberta.

B. I am the holder of the following Welder's Certificates:
(a) Pressure Welder Certificate: Province of Issue _____ Certificate # _____
(b) Red Seal Journeyman or Welder Trade Certificate# _____
(c) Performance Qualification Certification (i.e. P.Q card, certified log book entry, WPQ Form, etc.)

_____

_____ (Signature of Applicant) _____ (Date)

Please submit copies of these documents and payment with this form:
a) Inter-Provincial Red Seal Journeyman Certificate or Welder Trade Certificate.
b) Out of Province Pressure Welder Certificate.
c) Valid Performance Qualification Certification.
d) Government issued Photo ID (i.e. Valid Driver's License).

Please indicate:	☐ **Certification Fee: $177.00**	☐ **PQ (for Renewal Only) $59.00**
PAYMENT MADE BY: Cash ☐, MC ☐, Visa ☐, Debit ☐, AMEX ☐		Cardholder Name:
Card Number:	Expiry Date:	Signature:

FOR ABSA USE ONLY

Certificate and Performance Qualification Details: Certificate #: _____

Process			Material (P. No.)		REMARKS:
Max Deposited Weld Metal			Min. Pipe Dia.		
Filler Metal Group (F. No.)			Position Qualified		
Backing			Progression		

_____ Date of Expiry (Certificate) _____ Date of Expiry (P.Q.) _____ (Safety Codes Officer) _____ (Date)

_____ (Administrator/Chief Inspector) _____ (Date)

The information you provide is necessary only for the administration of the programs as required by the Alberta Safety Codes Act and Regulations in the Boiler Discipline.