



the pressure equipment safety authority

APPLICATION FOR PRESSURE TACK WELDER CERTIFICATION EXAMINATION

AB-247 2017-06

EMPLOYER'S INFORMATION (Please Print)

Employer (Name of Company) _____ (Address) _____

(Company Representative) _____ (Signature) _____ (Date) _____

PERSONAL INFORMATION

Name of Applicant: _____ Date of Birth: _____
(Surname) (Given Name) (yyyy/mm/dd)

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

Phone Number: _____ E-Mail Address: _____

do hereby make application to undertake examination for a Pressure Tack Welder Certificate under the Safety Codes Act and Regulations.

I am the holder of

Type of Journeyman*

Journeyman No.

Apprentice No.

(Signature of Applicant)

(Date)

Provide a scanned copy of the documents listed below with this application form

* To qualify to take a Pressure Tack Welder Certificate of Competency Test, a candidate must be a:

1. Journeyman or Apprentice: Boiler Maker or Steam Fitter-Pipe Fitter or Structural Steel and Plate Fitter or Welder who has a trade certificate issued under the Apprenticeship and Industry Training Act.
2. A candidate who is an apprentice Boilermaker or Steam-Pipe Fitter or Structural Steel and Plate Fitter must also provide a letter from their employer that a minimum 40 hours of practical training in the welding process to be used in the skills test has been completed.
3. Must include Government issued photo ID.

Submit to: ABSA 9410 – 20 th Avenue, Edmonton, Alberta T6N 0A4 Tel. (780) 437-9100 Fax (780) 437-7787	\$242.00 fee is required for scheduling		
	Payment Made By: Cash <input type="checkbox"/> , MC <input type="checkbox"/> , Visa <input type="checkbox"/> , Debit <input type="checkbox"/> , AMEX <input type="checkbox"/>		
	Card Number:	Expiry Date:	
	Cardholder Name:	Signature:	

For office use only (to be filled out by Examiner):

Qualification Information

Material: P1 to P1

Wall Thickness: 0.375"

Performance Qualification Test Held at:	Test Results	Position	3G	4G
Registered Weld Procedure Specification:		Visual Examination		
		Side Bend		
		Results:	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Details of Performance Qualification Card when Certificate is Issued:

File No. TW- _____

Process _____

Material P1 to P1

Max Deposited Weld Metal _____

Min. Pipe Dia. NPS 2 1/2

Filler Metal Group (FNo) _____

Position Qualified ALL

Backing _____

Backing Gas _____

Progression _____

(Date of Test)

(Safety Codes Officer) Please Print Name Beside Signature

Note: Please forward the completed Form and Performance Qualification Card to the ABSA Edmonton Office

FOR OFFICE USE ONLY

Assigned File No. TW- _____

Welding Specialist

Date