ABSA
the pressure equipment safety authority

PRESSURE TACK WELDER: Application for Certificate of Competency/Performance Qualification

Tel: 780-437-9100
Fax: 780-437-7787
welding@absa.ca
AB-247 2026-11

PRESSURE TACK WELDER: TEMPORARY QUALIFICATION RECORD

TACK WELDS ONLY

A. I, _____
(Last Name) (Initial) (First Name) Date of Birth (YYYY/MM/DD)

of, _____
Mailing Address (Apt/Street/PO Box) (City) (Prov) (Postal Code)

Home Tel.: _____ Bus Tel.: _____

Email: _____

do hereby make application to undertake examination for a Tack Welder Certificate of Competency under the Safety Codes Act and Regulations and I am the holder of:

Apprentice* ☐ Journeyman* ☐ Type _____ Certificate #: _____

_____ _____
(Signature of Applicant) (Date)

Name _____
(Last Name)

_____
(First Name)

TW- _____
(File No.)

Variables

Company's WPS Registration/Specification No.	
Base Metal Spec. and Type/Grade or UNS No. (Info)	
Base Metal Thickness (Info)	
Filler Metal Specification (Info)	

	Actual Values		Range Qualified	
Process(es)				
GMAW – Transfer mode (QW-409.2)				
Filler metal F-No. (QW-404.15 or QW404.14 for GTAW)				
Weld deposit thickness for each welding process (QW-404.30)				
Process 1: 3 layers minimum: ☐ Yes ☐ No	←complete if deposit thickness ≥ ½"			
Process 2: 3 layers minimum: ☐ Yes ☐ No				
Backing (with/without) (QW-402.4)				
Progression (uphill/downhill) (QW-405.3)				
GTAW, PAW – Filler metal product form (QW-404.23)				
GTAW – Welding current type & polarity (QW-409.4)				
Base metal P-Number to P-Number (QW-403.18)	**P1**		**P1-P15F, P34, P4X**	
Pipe Diameter (minimum O.D.) (QW-403.16) (QW-461.9)	**Plate**		**All**	
Welding position (1G, 5G, Etc.) (QW-405.1)	**3G, 4G**		**All**	
GTAW, PAW or GMAW – Backing gas (QW-408.8)				
GTAW or PAW – Consumable insert (QW-404.22)				

Test Results

GUIDED BENDS	Coupon No.	PASS	FAIL	GUIDED BENDS	Coupon No.	PASS	FAIL
Side Bend-3G				Side Bend-4G			
Side Bend-3G				Side Bend-4G			

Visual Examination (QW-302.4) : ACCEPTABLE ☐

REMARKS _____

Performance Qualification Test Held At: _____

☐ I therefore do not recommend the issuance of a Tack Welder Certificate of Competency

☐ I therefore recommend the issuance of a Tack Welder Certificate of Competency

_____ _____ _____
(Date of Test) (Date of Expiry) (Safety Codes Officer) Print/Sign

Welding is Limited to:
1. Individual Tack welds that do not exceed 3 inches (76 mm) in length.
2. The aggregate length of the root tack welds on circumferential joints in pipe and tube shall not exceed 25% of the weld circumference.

This document is a temporary Certificate of Competency and Performance Qualification Card that is valid for 30 days. If you do not receive the permanent cards within 21 days of this test, please notify: welding@absa.ca and include a copy of this document.

_____
(Issue Date)

_____
(Safety Codes Officer/DOP)

FOR OFFICE USE ONLY

_____ _____
SCO E&C Date

The personal information collected on this form is for the purpose of processing your Application for Pressure Tack Welder Examination. 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.

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Please provide copies 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.

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
Welders Toll free line:
1-877-433-8910
email to: welding@absa.ca
www.absa.ca

$293.10 fee is required for scheduling**

Amount: $_____ Cash***☐ Cheque** ☐ MC*** ☐ Visa*** ☐ Debit*** ☐ AMEX ☐

***Debit Visa, Debit MasterCard, Cash and Debit accepted in person only (Edmonton and Calgary ABSA Offices)**

Cardholder Name: _____

Card Number: _____

Expiry Date: _____ (mm/yy)

CVV Number (3 or 4-digit number found on the back of your card) ☐

Cardholder Signature: _____

** Additional fees may apply
*** Debit Visa, Debit MasterCard, Cash and Debit accepted in person only (Edmonton and Calgary ABSA Offices)

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

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