



the pressure equipment safety authority

APPLICATION FOR WELDING EXAMINER IN TRAINING CERTIFICATION EXAMINATION

AB-249 2018-05

Please submit the completed form to ABSA by email, fax, or mail:

Email: welders2@absa.ca | Fax: (780) 437-7787 | Mail: 9410 – 20th Avenue, Edmonton, AB T6N 0A4

System/File #: (Previous Applicants)

PERSONAL INFORMATION (Please Print)

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

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

Phone Number: E-Mail Address:

I hereby apply to write the following Welding Examiner in Training examination:

[] Paper 3 Quality Control and Weld Evaluation NOTE: Edmonton Location Only

Satisfactory eye examination result (20/30 correctable vision) must also be submitted after successful completion of the examination papers, before a certificate of competency will be issued.

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

FIRST TIME APPLICANTS

To verify my certification/designations, I have attached at least one of the following documents (check all that apply): (Please see AB-94, Welding Examiner & Welding Examiner in Training Syllabus)

- [] EIT or P. Eng. with a B.Sc. in Material, Metallurgy, Welding or Mechanical Engineering
[] First Class Power Engineers' Certificate of Competency
[] CET with a Diploma in Materials or Mechanical Engineering Technology
[] Diploma in Welding Engineering Technology
[] Grade "B" Pressure Welder
[] CSA W178.2 Welding Inspector Level II or III
[] Safety Codes Officer – Boiler Discipline
[] Other Equivalent Qualification

NON-REFUNDABLE PAYMENT MADE BY: Cash [], Cheque* [], M/C [], Visa [], Debit [], AMEX [] \$118.00 fee is required for scheduling.

Card Number: Expiry Date (mm/yy):

Cardholder Name: Signature:

* Make Cheque payable to ABSA. NSF cheque subject to a \$25 charge.

Cancellation Policy

A candidate who fails to appear for the scheduled test must satisfy either of the following conditions, otherwise the fee paid will be considered forfeit:

- 1. Candidate must give 5 working days notice of intention to test at a later date – not including the test day, allowable one time only or
2. Candidate must, within 7 days after the test, give a satisfactory reason to the Administrator/Chief Inspector for the non-appearance.

FOR DEPARTMENT USE ONLY

File #: _____

Eligible for examination: Yes [] No [] Reason(s): _____

Welding Specialist Signature: Date :

Caution: Certificate issued may be cancelled or suspended if false statements or documentation included in this application.