



the pressure equipment safety authority

# APPLICATION FOR A TEMPORARY CERTIFICATE OF COMPETENCY

AB-67 2019-05

**Options:** Unavailability  (Up to 6 months) Training  (Up to 1 month) (Holiday) HR  (Up to 1 month) (Emergency) ER  (Up to 1 month) (Sick) SR  (Up to 1 month)

I, \_\_\_\_\_ (Print Chief Power Engineer or Representative Name) \_\_\_\_\_ (Position) \_\_\_\_\_ A- \_\_\_\_\_ (File Number)  
of \_\_\_\_\_ (Company Name) \_\_\_\_\_ (Mailing Address) \_\_\_\_\_ (Postal Code)  
\_\_\_\_\_  
(Work Phone Number) \_\_\_\_\_ (Work Fax Number) \_\_\_\_\_ (Work E-mail Address)

**declare:**

(1) that I know \_\_\_\_\_ (Print Certificate Holder Name) \_\_\_\_\_ (Signature of Certificate Holder) Date of Birth: \_\_\_\_\_ (yyyy/mm/dd)

and I consider him/her competent to take charge of and operate the \_\_\_\_\_ kilowatt rated Power , Heating , Thermal Liquid ,  
plant, located at \_\_\_\_\_ (kw) \_\_\_\_\_, Plant Registry Number R- \_\_\_\_\_ (Plant Registry Number),  
as Chief Power Eng. , Shift Eng. , Asst. Shift Eng. , Power Eng. In Charge , Htg. Plant Operator , Shift Operator .

(2) I have personal knowledge that the certificate holder named in (1):

- (a) has had the position of \_\_\_\_\_ (Position) / \_\_\_\_\_ (Position) for \_\_\_\_\_ / \_\_\_\_\_ years in this position. (# of Years) (# of Years)
- (b) holds the following Engineer's Certificate of Competency \_\_\_\_\_ Expiry Date: \_\_\_\_\_, File Number A- \_\_\_\_\_ (Certificate Class) (yyyy/mm/dd) (File Number)
- (c) This Temporary Certificate of Competency is required for a period beginning \_\_\_\_\_ and ending \_\_\_\_\_ (yyyy/mm/dd) (yyyy/mm/dd)
- (d) We currently have \_\_\_\_\_ temporary certificates at this facility. **Note: Certificate needs to be valid past the requested temporary ending date.** (# of Certificates)

I find it is impossible to secure the services of a suitable holder

(3) (a) of \_\_\_\_\_ (Certificate Class) Class Certificate of Competency because there are none available, and for this reason, I wish the aforementioned person to carry out the duties of the position specified in (1) until the services of the holder of the required Certificate of Competency are available.

**OR**

Reason for need of \_\_\_\_\_ Class Certificate of Competency: \_\_\_\_\_ (Certificate Class) (State Reason)

(b) I will destroy the Temporary Certificate of Competency on expiry. The person named in (1) is aware that this application is being made.

(c) I enclose the prescribed fee of \$ \_\_\_\_\_ **(All Certificates: \$162.00)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (yyyy/mm/dd)  
(Signature of Chief Power Engineer or Representative)

**Please fax, e-mail or mail application with payment:**

<p>Cheque payable to: <b>ABSA, the pressure equipment safety authority</b> 9410 - 20<sup>th</sup> Avenue Edmonton, AB T6N 0A4</p> <p><b>N.S.F. cheque subject to a \$25.00 charge.</b></p> <p>Phone (780) 437-9100 Fax 437-7787 Exams Toll free line - 1-888-454-3926 E-Mail: certificates@absa.ca www.absa.ca</p>	<p>Amount: \$ _____ Cash (In Person)* <input type="checkbox"/>, Cheque <input type="checkbox"/>, MC <input type="checkbox"/>, Visa <input type="checkbox"/>, AMEX <input type="checkbox"/></p> <p>*Cash and debit payments may only be made in person at an ABSA office. **Debit Visa not accepted.</p> <p>Cardholder Name: _____</p> <p>Card Number: _____</p> <p>Expiry Date: _____ (mm/yy)</p> <p>Signature: _____</p>
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**NOTE: Please submit application at least 3 weeks prior to the beginning date in 2(c) and ensure the certificate holder's certificate does not expire before the ending date in 2(c).**

Issue \_\_\_\_\_ Class Temporary Certificate of Competency. Date: \_\_\_\_\_

(Examiner)

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.