ABSA
the pressure equipment safety authority

APPLICATION FOR A TEMPORARY CERTIFICATE OF COMPETENCY

AB-67 2026-11

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-_____ (ABSA 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 _____ (kw) kilowatt rated **Power** ☐, **Heating** ☐, **Thermal Liquid** ☐,

plant, located at _____ (Location of Plant), 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 _____ (# of Years) / _____ (# of Years) years in this position.

(b) holds the following Engineer's Certificate of Competency _____ (Certificate Class) Expiry Date: _____ (yyyy/mm/dd), File Number A-_____ (ABSA File Number)

(c) This Temporary Certificate of Competency is required for a period beginning _____ (yyyy/mm/dd) and ending _____ (yyyy/mm/dd)

(d) We currently have _____ (# of Certificates) temporary certificates at this facility. **Note:** *Certificate needs to be valid past the requested temporary ending date.*

(3) (a) I find it is impossible to secure the services of a suitable holder 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 _____ (Certificate Class) Class Certificate of Competency: _____ (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: $196.10)***

Signature: _____ Date: _____ (yyyy/mm/dd)

(Signature of Chief Power Engineer or Representative)

Please e-mail or mail application with payment:

E-Mail: certificates@absa.ca

Or

Mail to to:
ABSA, the pressure equipment safety authority
9410 – 20th Avenue
Edmonton, AB T6N 0A4
N.S.F. cheque subject to a $30.25 charge.
Phone (780) 437-9100 Fax 437-7787
www.absa.ca

Amount: $_____ Cash* ☐, Cheque ☐, MC ☐, Visa ☐, AMEX ☐
***Cash and Debit payments must be made in person (Edmonton & Calgary ABSA offices only).**

Cardholder Name: _____
Card Number: _____
Expiry Date: _____ (mm/yy) **CVV Number (3 or 4-digit number found on the back of your card)** _____
Postal Code: _____
Signature: _____

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. 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

The personal information collected on this form is for the purpose of processing your Application for Temporary Certificate of Competency. 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.