



the pressure equipment safety authority

APPLICATION FOR A TEMPORARY CERTIFICATE OF COMPETENCY

AB-67 2021-05

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 _____ (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 _____ / _____ for _____ / _____ years in this position.
(Position) (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)

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

Cheque payable to: ABSA, the pressure equipment safety authority 9410 – 20 th Avenue Edmonton, AB T6N 0A4 N.S.F. cheque subject to a \$25.00 charge. Phone (780) 437-9100 Fax 437-7787 Exams Toll free line - 1-888-454-3926 E-Mail: certificates@absa.ca www.absa.ca	Amount: \$ _____ Cash (In Person)* <input type="checkbox"/> , Cheque <input type="checkbox"/> , MC <input type="checkbox"/> , Visa <input type="checkbox"/> , AMEX <input type="checkbox"/> <small>*Cash and debit payments may only be made in person at an ABSA office. **Debit Visa not accepted.</small> Cardholder Name: _____ Card Number: _____ Expiry Date: _____ (mm/yy) ABSA Use Only Auth #: _____ 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.

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 33(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of personal information, you may contact generalinq@absa.ca, or by mail to ABSA, 9410 20 Ave. NW, Edmonton, AB, T6N 0A4.