

APPLICATION FOR REPLACEMENT SPECIAL BOILER OPERATOR CERTIFICATE

I, _____ of _____
(Last Name) (First Name) (Initial) (Street Address) (City, Province) (Postal Code)
 _____ Date of Birth _____ File #: _____
(Home Telephone #) (yyyy/mm/dd)

declare that I am no longer employed by _____
(Name of Employer)
 at _____ and wish to apply for a **replacement**
(Street Address)

Special Boiler Operator's Certificate of Competency.

My new employer is _____ and
(Company Name)

(Company Address) (City, Province) (Postal Code) (Work Telephone #)

Boiler A#: _____

If unable to return Original Certificate check reason:

Lost Destroyed

Enclosed is the required fee plus my old **SPECIAL BOILER OPERATOR'S WALL SIZE CERTIFICATE.**

(Signature of Applicant)

(Date of Application)

Fee for replacement Special Boiler Operator Certificate of Competency -----\$59.00.

Cheque payable to: ABSA, the pressure equipment safety authority 9410 – 20 th Avenue Edmonton, AB T6N 0A4 Phone (780) 437-9100 Fax 437-7787 Exams Toll free line - 1-888-454-3926 www.absa.ca	Amount: Cash <input type="checkbox"/> , Cheque <input type="checkbox"/> , MC <input type="checkbox"/> , Visa <input type="checkbox"/> , Debit <input type="checkbox"/> , AMEX <input type="checkbox"/> Cardholder Name: _____ Card Number: _____ Expiry Date: _____ Signature: _____
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