

Section 1 – To be completed by applicant

Name:		
Surname	First Name	Middle Name

Address		

City		

Prov		

Postal Code		

Telephone:	() _____	Date of Birth:

		yyyy/mmm/dd
Work Phone:	() _____	Email address:

Applicant – Please submit the following documents with your application.		
Note – It is <u>mandatory</u> to include at least one document for each of the 3 subsections below.		
To verify:	A copy of my:	Is Attached
i) Education	Official transcript of High School, University or College courses	<input type="checkbox"/>
ii) Alberta Equivalency	A copy of the results of an assessment by a recognized 3 rd party agency such as IQAS or equivalent, for any education or university degree acquired outside of Canada	<input type="checkbox"/>
iii) Experience	Resume, records of employment and employer testimonials	<input type="checkbox"/>
I hereby make application to have my education and work experience evaluated to determine what options are available for power engineering certification in the province of Alberta.		
Signature: _____		Date: _____
		yyyy/mmm/dd
Application fee of \$294.00 including G.S.T. is non-refundable and is subject to extra charges if verification is not straightforward. N.S.F. cheque is subject to \$25.00 charge.		
Cheque payable to:	Cash <input type="checkbox"/> , Cheque <input type="checkbox"/> , MC <input type="checkbox"/> , Visa <input type="checkbox"/> , *Debit <input type="checkbox"/> , AMEX <input type="checkbox"/>	
ABSA the pressure equipment safety authority 9410 – 20 th Avenue Edmonton, AB T6N 0A4 Phone (780) 437-9100 Fax (780) 437-7787 www.absa.ca	Cardholder Name: _____	*Only in Person, Debit Visa NOT accepted
	Card Number: _____	
	Expiry Date: _____ / _____	ABSA Use only Auth.# _____
	Cardholder Signature _____	

Section 2 – To be completed by ABSA

Review – ABSA Certification	Agreement
Recommendation: <input type="checkbox"/> acceptable to challenge _____ exam <input type="checkbox"/> not acceptable for certification or examination	I agree with this recommendation.
Signature: _____	Signature: _____
Date: _____	Date: _____

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.