ABSA
the pressure equipment safety authority

APPLICATION FOR
SPECIAL OILWELL OPERATOR EXAMINATION
AB-144 2026-06

APPLICATIONS MUST BE SUBMITTED A MINIMUM OF 5 BUSINESS DAYS PRIOR TO EXAMINATION DATE

SECTION 1: TO BE COMPLETED BY APPLICANT: (Please print)

ABSA File No: _____ (for previous applicants only)

Name of Applicant: _____ (Last Name) _____ (First Name) _____ (Middle Initial) Date of Birth: _____ (yyyy/mmm/dd)

Mailing Address: _____ (Apt./Street) _____ (City) _____ (Prov) _____ (Postal Code)

Phone #s: _____ (Home) _____ (Cell) _____ (E-Mail)

SECTION 2(a): TO BE COMPLETED BY APPLICANT

Indicate the location, date and time that you with to write the examination. Applicants are asked to select both a first and second choice. Please review the examination schedule on our website and indicate the first and second choice below.

Option 1: City: _____ Date: _____ Time _____

Option 2: City: _____ Date: _____ Time: _____

NOTE: Available locations are allocated on a first come basis, therefore you may not be guaranteed the date(s) of your choice.

Signature of Applicant: _____ DATE: _____

SECTION 2(b): TO BE COMPLETED BY COURSE PROVIDER (Only required if you are taking an in person course**)**

COURSE PROVIDER: _____ **COURSE DATE:** _____

COURSE LOCATION: _____

SECTION 3: TO BE COMPLETED BY *COMPANY OFFICIAL* FOR APPLICANT

BOILER OWNER: _____ LOCATION: _____

POWER PLANT RATING _____ kW Plant Registry #: **R-** _____ ***OR***

ABSA Boiler Certificate of Inspection Permit Number(s): A- _____ , A- _____ , A- _____

(Applicant must have experience in a drilling or hydrocarbon production site that includes the above listed boilers.)

APPLICANT'S OPERATING EXPERIENCE: FROM: _____ (yyyy/mmm/dd) TO: _____ (yyyy/mmm/dd)

NAME OF COMPANY OFFICIAL: _____ POSITION: _____

PHONE #: _____ FAX #: _____ E-MAIL: _____

SIGNATURE OF COMPANY OFFICIAL: _____ DATE: _____ (yyyy/mmm/dd)

SECTION 4: (NOT REQUIRED FOR APPLICANT PAYING THROUGH COURSE)
A non-refundable/non-transferable scheduling fee of $113.10 (GST is Included) is required with this application.

email to: exams@absa.ca

or

Mail to:
ABSA,
the pressure equipment safety authority
9410 – 20th Avenue
Edmonton, AB T6N 0A4
N.S.F. Cheques Subject to $29.15 Fee

Phone: (780) 437-9100
Exams Toll Free Line: 1-888-4543926
www.absa.ca

Amount: $ _____ Cash* ☐, Cheque ☐, MC ☐, Visa ☐, Debit* ☐, 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: _____

Cardholder Signature: _____

Please fax, e-mail or mail application with payment. Please do not submit application more than once. 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. CAUTION: Certificate issued may be cancelled or suspended for false statements or documentation included in this application.

The personal information collected on this form is for the purpose of processing your Application for Special Oilwell Operator Examination. 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 generalinq@absa.ca, or by mail to ABSA, 9410 20 Ave. NW, Edmonton, AB, T6N 0A4.