



the pressure equipment safety authority

APPLICATION FOR SPECIAL OILWELL OPERATOR EXAMINATION

9410 – 20 Avenue, Edmonton, Alberta, Canada T6N 0A4
Tel: (780) 437-9100 / Fax (780) 437-7787
AB-144 2021-05

APPLICATIONS MUST BE SUBMITTED A MINIMUM OF 10 DAYS PRIOR TO EXAMINATION DATE

SECTION 1: TO BE COMPLETED BY APPLICANT: (Please print)
ABSA File No:
Name of Applicant: (Lastname) (Firstname) (Middle Initial) Date of Birth: (yyyy/mmm/dd)
Mailing Address: (Apt./Street) (City) (Prov) (Postal Code)
Phone #s: (Home) (Cell) (E-Mail)

APPLICANT REQUESTING EXAM THROUGH A COURSE MUST SUBMIT APPLICATION TO COURSE COORDINATOR

SECTION 2(a): TO BE COMPLETED BY APPLICANT (Not required for an applicant writing the exam through course)
Indicate the preferred location and month you wish to write:
Edmonton Lethbridge
Red Deer Medicine Hat
Calgary Fort McMurray
Grande Prairie
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 COURSE INFORMATION

COURSE DATE:
COURSE PROVIDER NAME:
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: TO:
NAME OF COMPANY OFFICIAL: POSITION:
PHONE #: FAX #: E-MAIL:
SIGNATURE OF COMPANY OFFICIAL: DATE:

SECTION 4: (NOT REQUIRED FOR APPLICANT PAYING THROUGH COURSE)
A non-refundable/non-transferable scheduling fee of \$97.00 (GST is Included) is required with this application.
Cheque payable to: ABSA, the pressure equipment safety authority
Amount: \$ Cash** [], Cheque [], MC [], Visa* [], Debit** [], AMEX []
N.S.F. Cheques Subject to \$25.00 Fee
Phone: (780) 437-9100
Fax: (780) 437-7787
Exams Toll Free Line: 1-888-4543926
www.absa.ca
email to: exams@absa.ca
Cardholder Name:
Card Number:
Expiry Date: (mm/yy)
ABSA Use only Auth. #
Cardholder Signature:

Please fax, e-mail or mail application with payment. Please do not submit application more than once. Payment cannot be made by phone.

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 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.