



To be Completed by Applicant (Please Print):

File No: _____

Mr. Mrs. Ms. _____ (Lastname) _____ (Firstname) _____ (Middle Initial) Date of Birth: _____ (yyyy/mm/dd)

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

Phone No.: _____ (Home) Phone No.: _____ (Work) Cell No.: _____

E Mail Address: _____

Please indicate the exam that was written:

Class	Part A				Part B			
	Paper				Paper			
	1	2	3	4	1	2	3	4
1 st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Special Steam-powered Traction Engine Operator
- Welding Examiner
- Special Oilwell Operator (SOW)
- Special Boiler Operator
- Fired Process Heater Operator
- In-Service Inspector

Exam Date: _____ YYYY/MM/DD Exam Location: _____ City

Applicants Signature: _____ Date: _____ YYYY/MM/DD

*Note: You cannot reapply to write this same examination until after the remark has been completed.

*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

The fee per examination remark is \$165.06 (\$157.20 plus GST). The fee will be refunded if, after the remark has been completed, the examination result is adjusted to a passing grade.

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. Cheques Subject to \$28.05 Fee Phone: (780) 437-9100 Fax: (780) 437-7787 Exams Toll Free Line: 1-888-4543926 www.absa.ca email to: exams@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"/> *Cash, Debit, Debit Visa and Debit MasterCard only accepted when making a payment in person (Edmonton & Calgary ABSA offices only). Cardholder Name: _____ Card Number: _____ Expiry Date: _____ (mm/yy) Cardholder Signature: _____
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Original Examiner: _____	Comments: _____
Original Score: _____	_____
Date Requested: _____	_____