



the pressure equipment safety authority

# REQUEST FOR EXAM RE-MARK

AB-242 2019-05

## 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.: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_  
(Home) (Work)

E Mail Address: \_\_\_\_\_

## Please indicate the exam that was written:

Class	Part A				Part B				
	1	2	3	4	1	2	3	4	
1 <sup>st</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>Special Steam-powered Traction Engine Operator</b>
2 <sup>nd</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>Welding Examiner</b>
3 <sup>rd</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>Special Oilwell Operator (SOW)</b>
4 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>Special Boiler Operator</b>
5 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>Fired Process Heater Operator</b>
									<input type="checkbox"/> <b>In-Service Inspector</b>

Exam Date: \_\_\_\_\_ Exam Location: \_\_\_\_\_  
YYYY/MM/DD City

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
YYYY/MM/DD

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

The fee per examination remark is \$147.00 (GST Included). The fee will be refunded if, after the remark has been completed, the examination result is adjusted to a passing grade.

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<b>ABSA Use only Auth. #</b>			

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Original Examiner: _____	<b>Comments:</b> _____
Original Score: _____	_____
Date Requested: _____	_____