



the pressure equipment safety authority

REQUEST FOR EXAM RE-MARK

AB-242 2021-05

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

E Mail Address: _____

Please indicate the exam that was written:

Table with columns for Class (1st to 5th), Part A Paper (1-4), Part B Paper (1-4), and exam categories like Special Steam-powered Traction Engine Operator, Welding Examiner, etc.

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.

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.

Please fax, e-mail or mail application with payment. Payment can not be made by phone.

Form for cheque payment including fields for amount (\$147.00), cardholder name, card number, expiry date, and signature.

ABSA Internal Use Only

Form for internal use with fields for Original Examiner, Original Score, Date Requested, and Comments.