

APPLICATION FOR A DUPLICATE SITE SPECIFIC CERTIFICATE OF COMPETENCY

I, _____ of _____
(Last Name) (First Name) (Initial) (Street Address) (City, Province) (Postal Code)

_____ Date of Birth _____ File #: _____
(Home Telephone #) (yyyy/mm/dd)

declare that I am the holder of a _____ Class and wish to apply for a duplicate certificate of Competency in order to exercise general supervision over the heating plant,

located at _____
(Name of Owner) (Street Address) (City, Province) (Postal Code)

as provided in Section 13(1) of the Power Engineers Regulation AR 85/2003.

(Signature of Applicant)

(Date of Application)

Fee for Duplicate Site Specific Certificate of Competency ----- \$59.00

<p>Cheque payable to: ABSA, the pressure equipment safety authority 9410 – 20th Avenue Edmonton, AB T6N 0A4 Phone (780) 437-9100 Fax (780)437-7787 Exams Toll free line - 1-888-454-3926 www.absa.ca</p>	<p>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"/></p> <p>Cardholder Name: _____</p> <p>Card Number: _____</p> <p>Expiry Date: _____</p> <p>Signature: _____</p>
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