



the pressure equipment safety authority

APPLICATION FOR POWER ENGINEERS UPGRADE AND REINSTATEMENT EXAMINATIONS

AB-66c 2018-02

To be Completed by Applicant (Please Print):

File No: _____ (for previous applicants only)

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

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

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

E Mail Address: _____

Indicate below the examination you are applying to write:

Upgrade Exam
4th to New 4th
BOA to New 4th
BOB to 5th
Fireman to 5th
Please review regulatory requirements prior to applying.

Reinstatement Exam
Class 1 2 3 4 5
*Please Note: Outstanding certificate renewal fees must be paid before a certificate will be reinstated.
Please contact (780) 437-9100 or renewals@absa.ca for more information.

Indicate the location and month you wish to write the exam. Please indicate 1st and 2nd choice:

- Edmonton Fort McMurray Calgary Red Deer Lethbridge Medicine Hat Grande Prairie
January February March April May June
July August September October November December

Note: Available places are allocated on a first come basis, therefore you may not be guaranteed the date(s) of your choice.

APPLICATION MUST BE SUBMITTED A MINIMUM OF 21 DAYS PRIOR TO EXAMINATION DATE.

Effective October 1, 2017, the use of programmable calculators will no longer be permitted in examination sittings. By your signature, you acknowledged the above statement.

Signature of Applicant: _____ Date: _____ (yyyy/mmm/dd)

Caution: Certificate issued may be cancelled or suspended for false statements or documentation included in this application. A non-refundable/non-transferable scheduling fee of \$97.00 per paper is required with this application. NSF cheques subject to a \$25 charge. Please fax, e-mail or mail application with payment. Please do not do both. Payment can not be made by phone.

Cheque payable to: ABSA, the pressure equipment safety authority
Amount: _____ Cash Cheque MC Visa AMEX
Cardholder Name: _____
Card Number: _____
Expiry Date: _____
Cardholder Signature: _____
ABSA Use only Auth. #