ABSA
the pressure equipment safety authority

APPLICATION FOR POWER ENGINEERS UPGRADE AND REINSTATEMENT EXAMINATIONS

AB-66c 2026-11

To be Completed by Applicant (Please Print):

ABSA File No: _____ (for previous applicants only)

☐ 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: _____

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, date, and time that you wish to write the exam. Applicants are asked to select both a first and second choice. Please review the examination schedule on our website and indicate your first and second choice below:

Option 1: City: _____ **Date:** _____ **(yyyy/mm/dd) Time:** _____

Option 2: City: _____ **Date:** _____ **(yyyy/mm/dd) Time:** _____

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

APPLICATION MUST BE SUBMITTED A MINIMUM OF 5 BUSINESS DAYS PRIOR TO EXAMINATION DATE.
By your signature, you acknowledged the above statement.

Signature of Applicant: _____ Date: _____ yyyy/mm/dd

***A non-refundable/non-transferable scheduling fee of $117.40 per paper is required with this application.* NSF cheques subject to a $30.25 charge. Please fax, e-mail or mail application with payment. Please do not do both.**

email to:
exams@absa.ca

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: 1-888-4543926
www.absa.ca

Amount: $ _____ Cash* ☐ Cheque ☐ MC ☐ Visa ☐ Debit* ☐ AMEX ☐

***Cash and Debit payments must be made in person (Edmonton or Calgary offices only)**

Cardholder Name: _____

Card Number: _____

Postal Code: _____

Expiry Date: _____ (mm/yy)

CVV Number (3 or 4-digit number found on the back of your card) _____

Cardholder Signature: _____

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.

Caution: Certificate issued may be cancelled or suspended for false statements or documentation included in this application.

The personal information collected on this form is for the purpose of processing your Application for Power Engineers Upgrade Reinstatement examination. This personal information collection is authorized by section 4(c) of the Protection of Privacy Act and will only be used for this purpose. If you have any questions about the collection of personal information, you may contact ABSA at generalinq@absa.ca or by mail to ABSA, 9410 20 Ave. NW, Edmonton, AB, T6N 0A4.