ABSA
the pressure equipment safety authority

APPLICATION FOR COLLEGE PRACTICUM FOR POWER ENGINEERS EXPERIENCE
AB-66b 2026-06

Name of Applicant: _____ **ABSA File No: A-** _____
(Last Name) (First Name) (Middle Initial) (for previous applicants only)

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

Declaration of the Student Applicant's Experience

To be completed by the Chief Power Engineer

Company Name: _____ Plant Name: _____

Plant Location:

Type of Plant: ☐ Power Plant

ABSA Plant registry Number R- _____

Plant/Boiler Kilowatts Rating: _____ Boiler Pressure: Steam _____ Fluid _____

If the student was assigned to a certain area or to specific boilers, please make notes here and fill in the boiler information below. Reduced Supervision Plants are not acceptable for Plant Practicums.

ABSA Boiler Number: A- _____ A- _____ A- _____ A- _____

Please note that an ABSA Plant Registry number and/or a Boiler number is required in order to verify the information provided on this application. Missing information will result in a delay in processing this application.

Applicant's Operating Experience:

From: _____ To: _____
(yyyy/mm/dd) (yyyy/mm/dd)

Job Position: Assistant Engineer

____ Months, _____ Hours

For College Use Only
Controlled Practicum Experience

College Name: _____

Program: 4th ☐ / 3rd ☐ / PET ☐

Program Name:

Student Hours: _____

I Certify that the student has completed the required work during the Controlled Practicum as per the Program Training Manual.

College Practicum Coordinator

Name of Chief Power Engineer: _____

Position: **Chief Power Engineer**

Work Phone: _____ **Cell Phone:** _____

Work Email Address: _____

Signature: _____ **Date:** _____

By my signature, I, _____ ***, A-*** _____ ***, declare the above information***
Name of Chief Power Engineer ABSA File Number

for _____ ***to be true and complete to the best of my knowledge. I also declare***
Name of Applicant

that the applicant is competent in carrying out the job tasks as per the "Owners" training/competency program.

PLEASE KEEP A COPY FOR YOUR RECORDS. You may return the completed form by email, fax or mail.
| EMAIL: EXAMS@ABSA.CA | FAX: (780) 437-7787 | MAIL: 9410 – 20 Ave. NW Edmonton, AB T6N 0A4

The personal information collected on this form is for the purpose of processing your Application for College Practicum for Power Engineers experience. 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 generalinq@absa.ca, or by mail to ABSA, 9410 20 Ave. NW, Edmonton, AB, T6N 0A4.