the pressure equipment safety authority

WELDER PERFORMANCE QUALIFICATION TESTING

SCOPE AND RESPONSIBILITES

AB-540a 2026-08

AOQP-_____ (For new companies this number will be assigned by ABSA upon certification)

The certificate holder is responsible for keeping ABSA up to date by sending this Form within 30 days of any change in the personnel named on the Form performing functions under the above AOQP number

To inform ABSA of any changes send this form to:
ABSA, Quality Systems Certification, 9410 – 20 Avenue, Edmonton, Alberta T6N 0A4

Company Name:	**Phone:**
Corporate Address:	**Fax:**
	Email:
Other Office Locations: (Indicate Head Office Location and List all locations where this program is to be implemented)	

Person who is responsible for the administration of the Organization's Quality Management System (Quality Manager or however named)	
Name:	**Title:**
Telephone No.: ext.	**Fax No.:**
Cell No.:	**E-Mail:**

Person who has overall responsibility for supervising the Welder Performance Qualification Testing (Welding Examiner or however named)		
Name:		**E-Mail:**
Telephone No.: ext.	**Fax No.:**	**Cell No.:**
ABSA Welding Examiner Certificate No.:		**Expiry Date:**

Scope of the Welder Testing Organizations Quality Management Program: **Commercial** ☐ **Own Use** ☐

Welder Testing for: **Pressure Welders** ☐ **Machine Welding Operators** ☐ **Tack Welders** ☐	**Welding Processes:** **SMAW** ☐ **GTAW** ☐ **GMAW** ☐ **FCAW** ☐ **OTHER** ☐ **List:**

Authorized Company Representative: **Signature:** _____ **Date:**	**For ABSA Use Only** **Signature:** _____ **Date:**	**DOP Stamp**