



the pressure equipment safety authority

# APPLICATION FOR WELDING EXAMINER CERTIFICATION EXAMINATION

AB-92 2014-10

Submit to: 9410 – 20<sup>th</sup> Avenue, Edmonton, Alberta T6N 0A4  
Tel. (780) 437-9100 Fax (780) 437-7787

## PERSONAL INFORMATION (Please Print)

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Surname) (Given Name) (yyyy/mm/dd)

Address: \_\_\_\_\_  
(Apt/Street) (City) (Prov) (Postal Code)

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### To verify my certification/designations, provide at least one of the following: (Please see AB-94, Welding Examiner Syllabus)

- P. Eng. with a B.Sc. in Material, Metallurgy, Welding or Mechanical Engineering
- First Class Power Engineers' Certificate of Competency
- CET with a Diploma in Materials or Mechanical Engineering Technology
- Diploma in Welding Engineering Technology
- Grade "B" Pressure Welder
- CSA W178.2 Welding Inspector Level II or III
- Safety Codes Officer – Boiler Discipline
- Welding Examiner in Training\*
- Other Equivalent Qualification

For first time application only. Previous applicant please enter your file #

### I hereby apply to write the following Welding Examiner examination:

- Paper 1 Welding Processes and Filler Metals
- Paper 2 Metallurgy and Materials
- Paper 3 Quality Control, NDE and Weld Evaluation  Claim credit  \*
- Paper 4 Regulations and Codes

I would prefer to write the examination in:  Edmonton \_\_\_\_\_  
 Calgary (mm/yy)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Caution: Certificate issued may be cancelled or suspended if false statements or documentation included in this application. Satisfactory eye examination result (20/30 correctable vision) must also be submitted after successful completion of the examination papers, before a certificate of competency will be issued.

A \$118.00 EXAMINATION FEE PER PAPER IS REQUIRED.

MAKE CHEQUE PAYABLE TO: ABSA. N.S.F. cheque subject to a \$25.00 charge.

Payment made by: Cash  Cheque  M/C  Visa  Debit  Amount \$ \_\_\_\_\_

Cardholder \_\_\_\_\_

Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### FOR DEPARTMENT USE ONLY

File No: \_\_\_\_\_

Eligible for examination: Yes  No  Reason(s): \_\_\_\_\_

Coordinator/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_