

AB-66 (Part A1) 2014-09



1. TO BE COMPLETED BY APPLICANT: (Please Print) File No:									
	□Mr.	`	,			(for pr	evious applicants only)		
	☐Mrs.					_			
Name of Applicant: ☐Ms(Lastname)				(Firstname) (Middle Initial) Date of Birth: (yyyy/mmm/dd)					
	(Las	ulaille)		(i iistilaille)	(Middle IIII)	iai)		(уууу/пппп/аа)	
Mailing Addres	S:	ot./Street)			(0:1.)		(Prov)	(Postal Code)	
			aa Na .		(City)	Call Na .	, ,	(Postal Code)	
Phone No.: Phone (Home)			ne ivo.:	(Wo	ork)	Cell No.:			
E Mail Address):			,	,				
Indicate below the examination you are applying to write:									
	Part A	Part	t B			Upgrades	S		
	Paper	Pap	er	☐ 4 th t	o New 4 th		☐ 2 nd to	1 st	
Class	1 2 3 4	1 2	3 4	□ BO	A to New 4 th		\square 3 rd to	2 nd	
☐ Rev. 1 st				☐ BOE	3 to 5 th		$\Box 4^{th}$ to	3 rd	
☐ Rev 2 nd				☐ Fire	man to 5 th		☐ 5 th to	4 th	
☐ 3 rd				Reinstatements					
□ 4 th					[
☐ 5 th				(CLASS	1 2	3 4	5	
☐ Fired Process Heater Operator Steam Traction									
☐ Special Boil	ler Operator (SBO)			Written	Practical/R	enewal	*Transit	ion Period \$162	
* Special Oilwell (SOW) use form AB-144									
* Certified Steam Traction Operators prior to Nov. 1 2013 mg provide experience (100 hrs) and pay the transition fee.									
Indicate the	location and mor	nth you w	vish to wri	te the exar	n. Please i	ndicate	1 st and	2 nd choice:	
☐ Edmonton ☐ Fort McMurray ☐ Calgary ☐ Red Deer ☐ Lethbridge									
☐ Medic	cine Hat Gra	nde Prair	ie						
∏Jan	∏Feb		/lar	Apr	∏May	Γ	June		
☐July	☐ Aug	_	Sept	Oct	□Nov	-	Dec		
_ ,			•		<u>—</u>	_		of your choice.	
Note: Available places are allocated on a first come basis, therefore you may not be guaranteed the date(s) of your choice. "Exams are protected by copyright. A candidate who shares any examination questions or parts thereof with other in any format may be subjected to disqualification of the exam paper written and certification as well as a penalty from writing another examination for up to twelve months."									
·									
Signature of Applicant:				Date:					
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):		Amount:	С	ash 🔲, Chec	que □, N	//C □, \	/isa □, *Debit □	
ABOA ::			Cardholder N	Cardholder Name: *Only in person.					
ABSA, the pressure equipment safety authority 9410 – 20 th Avenue Edmonton, AB T6N 0A4 Phone (780) 437-9100 Fax (780) 437-7787		Card Number	r:				Debit Visa NOT accepted		
		Evolus Deter		Г	ADOA				
,	80) 437-9100	*	Expiry Date:			ABSA Use on Auth.			
www.absa.ca email to: exams@absa.ca			Cardholder Signature:		_				
			2.3					•	



APPLICATION FOR POWER ENGINEERS EXAMINATION

AB-66 (Part B1) 2014-04

Name of Applicant			File No:				
	(Lastname)	(Firstname)	(Middle Initial) (for previous applicants only)				
	Declaration of	the Applicant's	Experience				
2. To be completed	I by Chief Steam Engine	eer or Company C	Official:				
Company Name:		Plant Name:					
Plant Location:							
Type of Plant: ☐ Power Plant ☐ Pressure Plant		☐ Heating Plant☐ Thermal Liquid Heating System					
Boiler Kilowatts Rat	ing:						
Boiler Pressure: Steam		Water					
ABSA Boiler Wall C A-	ertificate Number: A-	A-					
A-	A-	A-					
Applicant's Opera	ting Experience:	·	For College Use Only				
From:	To:	Con	strolled Practicum Experience				
(yy/mm/dd)	(yy/mm/dd)	College Name	· ·				
months a	as position	Program Nan					
months	as position	Student Hour	4 th / 3 rd / PET				
months as positio		Practicum Coordinator:	(From Timesheet)				
Heating	Power Engineer, Shift Engineer, g Plant Operator, Power Engine n Operator, Process Fired Hea	eer in Charge and Ther ter Operator.	eer, Assistant Engineer, Process Operator (Note 1), rmal Liquid Heating System Operator, Steam				
Name of Chief Powe	r Engineer/Company Offi						
	goo,, oopa, o						
Work Phone:			Fav:				
Work Email Address	:						
Signature:			Date:				
By my signature, I,		, A	, declare the above information				
for	Name of Chief Power Engineer to be true	_	e Number e best of my knowledge. I also declare				
Name of Ap	pplicant	-	r the "Owners" training/competency				

The information you provide is necessary for the administration of the programs as required by the Alberta Safety Codes Act and Regulations in the Boiler Discipline.