



Application for Pressure Welder's Test

This Application form must be filled in completely and returned to this department with payment of the fee of **\$103.00**. Failure to do so may result in a delay in the processing of your application. This application must be received at least 21 days prior to the date of the test. Please refer to LIB-0003 Client Authorization Payment form for payment options. You can download all forms at www.cpsp.gov.sk.ca

LIB-2007

I. Personal Information

Name: _____		
(Surname)	(First Name)	(Middle Initial)
Address: _____		
(Apt/Street)	(City, Prov)	(Postal Code)
Home Phone: () _____	Work Phone: () _____	Fax: () _____
Email Address: _____	Weld Stamp: _____	SK ID No: _____
		(If Known)
To the best of my knowledge, this application and all supporting documents are accurate. I understand that a false or misleading statement in this application or in any of the reference or other evidence of qualification submitted by myself or on my behalf may result in the chief inspector denying this application.		
_____ (Signature of Applicant)	_____ (Date - YYYY MM DD)	

II. Welder's Test

Please select type of test you wish to perform below (see information paper 2007-10-002 for more details) :

BPVS - 01 (SMAW / SMAW, F3 / F4, P1 to P1 in the 6G position on NPS - 2 pipe)

BPVS - 02 (GTAW / SMAW, F6 / F5, P1 to P1 in the 6G position on NPS - 2 pipe)

BPVS - 03 (GTAW / SMAW, F43 / F43, P1 to P1 in the 6G position on NPS - 2 pipe)

BPVS - 04 (GTAW / SMAW, F6 / F4, P1 to P1 in the 6G position on NPS - 2 pipe)

Other (Must supply a copy of your own registered WPS for this type of test)

Please call (306) 787-1443 to arrange the test time, date and location after submitting this form.

III. Office Use Only

Candidate File Number: _____ (Taken from Welder Database)

(Revenue Code 510-428200)

Pressure Welder's Test:

Candidate Accepted to Test Yes No If no, state reason: _____

Reviewed by: _____
(Date - YYYY MM DD)