

## WELDING PERFORMANCE QUALIFICATION REGISTRATION

Payment Card Industry Data Security Standards prevent the use of credit card information sent through email or fax. A Client Service Representative will contact you within three business days to complete any payment process required.

**Note:** Any personal information collected is handled in accordance with the British Columbia *Freedom and Protection of Privacy Act*. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information and Privacy Analyst for Technical Safety BC at 1-866-566-7233.

**This application must be accompanied by a completed A.S.M.E. QW-484 and testing reports.**

### A. Applicant (Please PRINT clearly)

Last Name: <small>Legal Name</small>	Given Name:	Middle Initial:	Date of Birth:
Civic Address:			
Mailing Address: (If different from above)			
Primary Phone:	Mobile Phone:	Email:	
Boiler & Pressure Vessel Safety Welder's Registration no.:		Contact Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other _____	
Welding Certificate type: <input type="checkbox"/> Journeyman's certificate <input type="checkbox"/> Red Seal		Process type: <input type="checkbox"/> Welding <input type="checkbox"/> Brazing	
Is your welder's log attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Welder's qualification in your logbook: <input type="checkbox"/> "A" endorsement <input type="checkbox"/> "B" endorsement <input type="checkbox"/> Provisional <input type="checkbox"/> BCP-100			
<input type="checkbox"/> Checking this box and submitting this form to Technical Safety BC <b>via email</b> constitutes your authorization. This has the same effect as submitting a handwritten signature.			
Applicant signature:			Date:

### B. Employer (if applicable)

Company Name:		
Company Address:		
Mailing Address: (if different from above)		
Business Phone:	Mobile Phone:	Fax Number:
Email:		Contact Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other _____
Owner/Contact Name:	Owner/Contact Title:	
Owner/Contact Signature:	Date:	

### C. Testing Agency (if applicable)

Testing Agency Name:	ID number:
Welding Procedure no. (QW-484) or Registered owner:	
Practical test accepted by:	Date practical accepted:
Date practical test:	

### D. Safety Officer's Use

Entered in: <input type="checkbox"/> Welder's log book <input type="checkbox"/> Welder's Performance Qualification Record <input type="checkbox"/> Not entered in log book <input type="checkbox"/> BCP-100 Certificate issued		
Safety Officer Name:	Safety Officer signature:	Date:

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