

PRESSURE WELDER RECOGNIZED TEST ADMINISTRATOR APPLICATION

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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 the Technical Safety BC at 1 866 566 7233.

A. Application Type (Please select one option)

☐ This is a NEW application OR Quality Control Program REVISION	☐ This is a RENEWAL application
A Quality Control Program Manual meeting the minimum requirements of the Pressure Welder Recognized Test Administrator Guideline (MAN-4017-03) is required to be submitted.	A quality control program is not required to be submitted for renewal.
Fees: A minimum of 5 hours at Safety Services Rate will be invoiced for all NEW applications. Time used in excess of the minimum and time used for quality control program REVISION reviews will be invoiced hourly at Safety Services Rate. Please see the fee schedule for the safety services hourly rate.	Fees: A minimum of 1 hour at Safety Services Rate will be invoiced for all RENEWAL applications. Time used in excess of the minimum will be invoiced hourly at Safety Services Rate. Please see the fee schedule for the safety services hourly rate.

B. Applicant Information

Company Name:	
Company (Shop) Address:	
Mailing Address: (If different from the above)	
Main Contact/QC Manager Name:	Main Contact/ QC Manager Phone:
Main Contact/ QC Manager Email:	Main Contact Title:
Owner/Director Name:	Owner/Director Title:
Owner/Director Phone:	Owner/Director Email:
Invoice Contact Email: (If different than main contact)	
Technical Safety BC Recognition "TP" number: TP- (For REVISIONS and RENEWALS Only)	Year of current QC program acceptance:

C. Requested Scope of Recognition

The Quality Control Program Manual must reflect the scope of recognition selected.

Please select one:	Please select all that apply:
☐ Performance qualification testing will be administered only to individuals employed by the company named on this application form.	Performance qualification tests will be administered for the purposes of: ☐ Qualifying to a registered welding procedure specification ☐ Qualifying to a registered brazing procedure specification ☐ Obtaining a Class IT Certificate of Qualification ☐ Obtaining a Class R Certificate of Qualification ☐ Renewing a Class A Certificate of Qualification
☐ Performance qualification testing may be administered to any individual holding a valid or renewable pressure welder certificate of qualification.	

D. Qualified Testing Personnel

Name: (First and Last Name)	Phone/Email: (if applicable)	Qualification Number: (if applicable, CWB or ABSA)

E. Declaration

I certify that the information provided in this application and associated quality control program is accurate and meets the minimum requirements of D-BP-2012-01 and Pressure Welder Recognized Test Administrator Guideline (MAN-4017-03).	
☐ Checking this box and submitting this form to Technical Safety BC via email constitutes your authorization. This has the same effect as submitting a handwritten signature.	
Owner/Director Signature:	Date: