

Application for Initial Pressure Welder Proficiency Testing

Applicant Name:	
Address	ß
misleadi	est of my knowledge, this application and all supporting documents are accurate. I understand that a false or ng statement on this form or in any of the reference or other evidence of qualification submitted may result nief Inspector denying this application. Date: [Applicant]
Employ	yer Information:
	er Name:
	er Representative:
>	Pressure Plate Proficiency Test: Check one only ☐ Open root ☐ Back Welded (2G, 3G, 4G Must pass all 3 position) (Plate, V Groove, Recommend 3/8" Plate) Pressure Pipe Proficiency Test: (Pipe, V Groove, open root, 6G) (Recommend 2", Sch 160) Experience or Qualification
To be e	eligible to perform pressure welder proficiency tests, a person must have as a um <u>ONE</u> of the following for each pressure welder licence class application:
_	re Plate:
	Red Seal or Journeyperson certificate in the welding trade
	Have successfully completed a welding diploma program recognized by the BPE chief inspector.
	1 year of practical experience in welding. *Documentation must be provided with this application, Employment records certified by employer or past employer.
	Have been issued a welding qualification by a recognized certification organization for welding testing or an authority having jurisdiction for all of the welding methods, process, positions and thickness ranges they are applying to be tested on. (Ex: CWB S Class ticket with backing acceptable)
Pressu	re Pipe:
	Red Seal or Journeyperson certificate in the welding trade
	Have successfully completed a pressure pipe welding course recognized by the BPE chief inspector.
	2 years of practical experience in welding that <u>includes open root welding</u> . *Documentation must be provided with this application, Employment records certified by employer or past employer.
	Have been issued a pressure pipe welding qualification by a recognized certification organization for welding testing or an authority having jurisdiction for all of the welding methods, process, positions and thickness ranges they are applying to be tested on. (Ex: CWB T Class ticket open root or expired ticket from other Jurisdiction are acceptable)
Reviewe	od by:Date:

(Inspector Name)
Technical Safety Division, Boiler and Pressure Vessel Section, 103 Garland Ave. 3rd Floor, Dartmouth, NS Ph: 902-424-3200 Fax: 902-428-8770 Rev. 10 May 2016