

## PRESSURE WELDER RECOGNIZED TEST ADMINISTRATOR APPLICATION

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 the Technical Safety BC at 1-866-566-7233.

### A. Application Type (Please select one option)

This is a <b>NEW</b> application OR; Quality Control Program <b>REVISION</b>	This is a <b>RENEWAL</b> application
A <b>NEW</b> application package or Quality Control Program <b>REVISION</b> must include: <ol style="list-style-type: none"> <li>1. Completed and signed Recognized Test Administrator Application form (FRM-1383)</li> <li>2. Quality Control Program Manual completed meeting the minimum requirements of the Pressure Welder Recognized Test Administrator Guideline (MAN-4017-03)</li> </ol> <p><b>Fees:</b> A minimum of 5 hours at Safety Services Rate will be invoiced for all <b>NEW</b> applications. Time used in excess of the minimum and time used for quality control program <b>REVISION</b> reviews will be invoiced hourly at Safety Services Rate. Please see the <a href="#">fee schedule</a> for the safety services hourly rate.</p>	A <b>RENEWAL</b> application package must include: <ol style="list-style-type: none"> <li>1. Completed and signed Recognized Test Administrator Application form (FRM-1383)</li> </ol> <p><b>Fees:</b> A minimum of 1 hour at Safety Services Rate will be invoiced for all <b>RENEWAL</b> applications. Time used in excess of the minimum will be invoiced hourly at Safety Services Rate. Please see the <a href="#">fee schedule</a> for the safety services hourly rate.</p>

### B. Applicant Information

Company Name:	
Company (Shop) Address:	
Mailing Address: (If different from the above)	
Business Phone:	Mobile:
Email:	Contact Preference:      Mail              Email
Owner/Contact Name:	Owner/Contact Title:
Owner/Contact Phone:	Owner/Contact Email:
Technical Safety BC Recognition "TP" number: (For <b>REVISIONS</b> and <b>RENEWALS</b> Only)	

**C. Requested Scope of Recognition** (Please fill out for all application types)

**Note: The quality control program manual must reflect the scope of recognition selected**

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

<p>I certify that the information provided in this application and associated quality control program is accurate and meets the minimum requirements of D-BP-2012-02 and Pressure Welder Recognized Test Administrator Guideline (MAN-4017-03).</p>	
<p>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.</p>	
<p>Owner/Contact Signature:</p>	<p>Date:</p>