

Registration of a Welding Procedure

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

ALL FEES PAYABLE TO BC SAFETY AUTHORITY.

Please submit a completed welding procedure specification (WPS) QW 482 and procedure qualification record (PQR) QW 483 certified by the party preparing the record with your application.

When submitting a welding procedure for registration in BC, address all essential and non-essential variables. If supplemental variables apply, address all points as listed in ASME Section 9 with a reading, a figure, a yes or a no.

A. Applicants

Company Name:				
Civic Address				
Unit or Suite No.:	Street No.:	Street Name:	Street Type:	Street Direction:
City:	Province:	Postal Code:	Company Phone No.:	
Contact Name:				
Contact Phone No.:			Email:	
Mailing Address (If different from above):				
Unit or Suite No.:	Street No.:	Street Name:	Street Type:	Street Direction:
City:	Province:	Postal Code:		
Procedure Reg. No.:			Contractor License No.:	
Name of Testing Agency:			Certification of Recognition No.:	
<p>This application must be accompanied by the required A.S.M.E forms QW-482, QW-483, weld procedure specification report, if any available, and any other forms or reports as requested by the safety officer.</p> <p>The registration fee per procedure must be paid at the time of submitting this application, this fee is non-refundable. We hereby agree to pay all and any additional charges over and above registration fee, incurred for the technical consulting services of the attached procedure(s).</p>				
<input type="checkbox"/> 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.				
Name of Applicant _____ Date _____				

B. Safety Officer Use Only

This application was reviewed and accepted by (Name of Safety Officer and Remarks):		
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Procedure Reference No: _____		
Safety Officer Name:	Safety Officer Signature:	Date:

Technical Safety BC is working towards going paperless! Participate by signing up for email correspondence.