



Office of the Fire Commissioner

Inspection and Technical Services
Welding Centre
98 Paramount Road
Winnipeg, Manitoba, Canada R2X 2W3
Phone: (204) 945-1276

Date: _____

Symbol No: _____

APPLICATION FOR WELDER'S TEST – UNRESTRICTED LICENCE

This application must be filled in completely and returned to the Office of the Fire Commissioner Main Office at **500 - 401 York Avenue, Winnipeg, MB, R3C 0P8** with payment *prior to a test date being issued*. Failure to do so will delay the processing of your application. Questions regarding this process may be directed to 204-945-3373.

Photo I.D. required at time of test. Please make cheque or money order payable to the Minister of Finance. Do not send cash in the mail.

PERSONAL INFORMATION

Name: _____ Date of Birth: _____
(Surname) (First name) (Middle Initial) (YYYY/MM/DD)

Address: _____
(Apt/Street) (City, Province) (Postal Code)

(Signature of Applicant)

(Phone number)

(Date)

UNRESTRICTED WELD TEST

- ☐ SMAW/SMAW, F3/F4
- ☐ GTAW/SMAW, F6/F4
- ☐ GTAW/SMAW, F6/F5
- ☐ OTHER _____

FOR INITIAL TEST ONLY

- ☐ Manitoba Journeyman Certificate
- ☐ Inter-Provincial Red Seal _____
- ☐ Affidavits ☐ Documents ☐ Photo I.D.

Exams are held in the mornings, Mon-Tues, Thurs-Friday.

Please indicate your preferred test dates (Minimum of 2 weeks from the date of this application): _____

Your test date will be confirmed via phone by OFC personnel if application is mailed.

If you prefer to be notified by email, please include your email address: _____

DEPARTMENT USE ONLY

Test Date: _____ Client Contacted on: _____ Initial: _____

COMMENTS: _____

RESULTS

Pass ☐

Fail ☐

Licence Issued to Welder? Yes ☐ No ☐

Welding Examiner

Receipt Number

Date

WELDER QUALIFICATION RECORD (WQR)

Welder's Name: _____ Symbol No.: _____

Identification of WPS followed by welder during welding of test coupon: _____

Base material(s) welded: _____ Thickness: _____ ☐ Test Coupon ☐ Prod. Weld

Testing Conditions and Qualification Limits

Welding Variables (QW-350)	Actual Values	Range Qualified
Welding Process(es) Used:		
Type of Welding (i.e., Manual, Semi-Automatic) Used:		
Base Metal P- or S-Number: _____ To P- or S-Number: _____		
<input type="checkbox"/> Plate <input type="checkbox"/> Pipe (enter diameter if pipe or tube): _____		
Backing (metal, weld metal, double-welded, etc):		
Filler Metal or Electrode Specification(s) (SFA) (Info only):		
Filler Metal or Electrode Classification(s) (info only):		
Filler Metal or Electrode F-Number(s):		
Filler Type (solid/metal or flux cored/powder) (GTAW or PAW):		
Consumable Insert for GTAW or PAW:		
Deposit Thickness for each process or electrode type, etc. (in.):		
Process/Electrode 1: 3 layers minimum <input type="checkbox"/> Yes <input type="checkbox"/> No	Process/Electrode 2: 3 layers minimum <input type="checkbox"/> Yes <input type="checkbox"/> No	
Welding Position (2G, 6G, 3F, etc.):		
Vertical Progression (Uphill or Downhill):		
Fuel Gas for OFW or Inert Gas Backing for GTAW, PAW, GMAW:		
Transfer Mode (spray/globular or pulse to short circuit- GMAW):		
GTAW Current Type/Polarity (AC, DCEP, DCEN):		

Results

Visual Examination of Fit-Up; Root Gap: _____ Tack Welds: _____ (Length: _____ Number: _____)

Root Pass (Describe Discontinuity if unacceptable): _____

Completed Weld (Describe defects if unacceptable): _____

Bend Test: ☐ Transverse Root and Face [QW-462.3(a)] ☐ Longitudinal Root and Face [QW-462.3(b)] ☐ Side [QW-462.2]

☐ Pipe Bend Specimen, corrosion-resistant overlay [QW-462.5(c)] ☐ Plate Bend Specimen, corrosion-resistant overlay [QW-462.5(d)]

☐ Macro Test for Fusion [QW-462.5(b)]

☐ Macro Test for Fusion [QW-462.5(e)]

Type	Result	Type	Result	Type	Result

(For alternative qualification of groove welds by radiography to QW-191)

Radiographic Results: _____

Appearance-Fillet Size (leg.): _____ X _____ inch. Convexity: _____ inch. or Concavity: _____ inch.

Other Tests: _____

Record Information

Film or Specimens Evaluated by: _____ Company: _____

Welding Supervised by: _____

Mechanical Tests Conducted by: _____ Laboratory Test No: _____

We certify that the statements in this record are correct and that the test coupons were prepared, welded and tested in accordance with the requirements of Section IX of the ASME Boiler and Pressure Vessel Code.

Certified by: _____ Date: _____