



Application for National Board Certification of a Pressure Relief Device Design and Authorization To Use the "NB" Mark

Part 1 General Information

We are making application to the National Board of Boiler and Pressure Vessel Inspectors to obtain National Board certification and permission to use the National Board "NB" mark on the device design described below.

Company Name: _____

Address: _____

hereby applies for device certification as

- Manufacturer
or
 Assembler

of

- Pressure Relief Valves
or Rupture Disk Devices
or Other Devices

of device type _____

(Manufacturer's Series or Catalog Number or Identification)

Designed by _____

(Manufacturer's Name)

and described in Part 2 on the reverse side of this application (Manufacturers Only).

This certification is to be considered for:

Certified Medium: Steam Air Gas Liquid

(Note Liquid fluid scope PRVs, are certified separate from compressed fluid scope PRVs)

or list: _____

Construction Code Sections:

- ASME Section I
 ASME Section III; Subsection NB NC ND NE
 ASME Section IV
 ASME Section VIII, Division 1
 ASME Section VIII, Division 3
 ASME Section XII

Code Cases: _____

and is a(n)

- Initial Device Certification Transfer of Auth. (Move) Design Type Scope Change
 Six Year Certification Renewal - NB Cert No. _____ (Describe below)
 Reinstatement of expired certification Exp. Date _____

Design type scope change description: _____

We certify that devices of the above noted type will be manufactured or assembled in accordance with the Construction Code and our National Board accepted quality system.

(Company Representative Signature)

(Date)

National Board Office Use

Company Acct I.D. _____ Company Code _____ Design Id Number: _____

Application Reviewed By. _____ Date: _____

Design Reviewed and Accepted By. _____ Date: _____

Certification Fee received on: _____ Application ID: _____

National Board Application for Certification
Part 2 Scope of Design (To be completed by Manufacturers Only)

A. Device Manufacturer: _____ **Type/Model:** _____

Plant Location: _____

B. Device Type:

(1) Reclosing Types: Safety Valve Safety Relief Valve Relief Valve Pilot Operated Pressure Relief Valve
 (choose one) Temperature Actuated Pressure Relief Valve Vacuum Relief Valve Power Actuated Pressure Relief Valve
 Other: _____

(2) Non-Closing Types: (choose one) Rupture Disk Device Buckling Pin Device Breaking Pin Device Other

(3) Special Service Conditions (check all that apply) None Economizer Service Organic Fluid Vaporizers
 Low Pressure Steam Heating Boilers (15 psi) Non-Refrigerated Liquefied Compressed Gases (20% O.P.)
 Forced Flow Steam Generator or High-Temperature Water Boilers (10% BD)

C. Set Pressure Definition: (check all that apply)

Popping Start-to-Leak Initial Audible Discharge Bubble First Steady Stream First Heavy Flow
 Burst Pressure Buckling Pressure Breaking Pressure Other: _____

(Describe Physical Observations by Seeing, Hearing, Feeling)

D. Blowdown Characteristic:(check all that apply)

Fixed Adjustable Adjustable and Fixed for Mod. Pilot N/A
 Adjustable by: Single Ring Dual Ring Other _____

(Describe)

E. Flow Area Configuration:

Nozzle/Full Lift Curtain Area Restricted Lift Minimum Net Flow Area Annulus

F. Scope of Nominal Size and Set Pressure Ranges: (For additional sizes, attach supplemental sheet)

Inlet Size(s)	Outlet Size(s)	Flow Area*	Orifice [designator] diameter	Lift	Set Pressure Range	Media	Code Section(s)

*For Rupture Disk devices, list minimum net flow

G. Materials of Construction

Part Key: H=Body/Holder; B= Bonnet; Y= Yoke

Key	Type	Grade

Key	Type	Grade

Key	Type	Grade

H. Design Drawing/Specification Number and Revision Level _____

(Note: Please attach current parts list with material specifications and drawings)

I. Design Options: Describe options and variations which will be included (i.e. bellows, seat configuration, lifting lever option, etc.)

J. Test Medium: Steam Air Gas Liquid Water

K. Certification Method: Flow Capacity Rating by; Coeff. of Discharge K Slope Flow Factor
 3 Valve Average Single Valve Method
 Single Size Resistance Factor Rating; K_{RG} K_{RGL} K_{RL}
 Three Size Resistance Factor Rating; K_{RG} K_{RGL} K_{RL}

L. Certification Rating Value with unit of measure: _____ (Value) _____ (Units)

M. (Renewals Only) Check only one box:

We certify the flow path and performance of this design have not been changed.

Changes as attached have been made to this design (attach supplement).

_____ signature

_____ date

National Board Application for Certification

Part 2S-1 Supplement Scope of Design (For Rupture Disks Devices Only)

(discard this page for pressure relief valves)

A. Device Manufacturer: _____

Plant Location: _____

Device Type/Model: _____

Holder Type/Model: _____

(If Different than Device Type)

B. Disk Type:

(1) Loading

- Conventional Domed (forward acting, tension loaded)
 Conventional Flat
 Reversed Domed
 Other (Describe in D. Comments)

(2) Seat Configuration

- Flat Angle Sanitary
 Other (Describe in D. Comments)

(3) Opening Characteristics

a) Predetermined Opening

- None Slotted Line (Composite)
 Cross Scored Circular Scored
 Other (Describe in D. Comments)

b) Minimum Number of Petals:

- (Full Bore) 1 2 3 4
 Other (Describe in D. Comments)

(4) Auxiliary Elements

- Liner Knife Blade Vacuum (Back Pressure) Support
 Teeth Ring Hinge Plate Support (Protective) Ring
 Other (Describe in D. Comments)

(5) Disk Materials and Construction

- Solid Metal Graphite Mono Block - Recessed Upstream
 Composite Graphite Mono Block - Recessed Downstream
 Other (Describe in D. Comments) Graphite Mono Block - Recessed Both Sides

C. Holder:

- None Full Bolted Insert - Pre Loaded
 Threaded Union Style Insert Other (Describe in D. Comments)
 Single Use Device

D. Comments:
