

NATIONAL BOARD PRESSURE RELIEF DEPARTMENT STEEL SYMBOL STAMP REQUEST

COMPANY NAME: _____
(As it appears on your *Certificate of Authorization*)

PHYSICAL ADDRESS Send stamp(s) to this address
(As it appears on your *Certificate of Authorization*)

MAILING ADDRESS Send stamp(s) to this address

STAMP(S) BEING REQUESTED: "VR" "NB"

NUMBER OF STAMPS BEING REQUESTED: _____

REASON FOR REQUEST: Additional Stamp(s) Replacement of worn/damaged stamp

- ◆ The fee for an additional stamp is **\$75 PER STAMP** (proforma invoice will be emailed upon receipt of this form).
 - **PAYMENT MUST BE RECEIVED PRIOR TO THE ADDITIONAL STAMPS BEING SENT OUT.**
- ◆ Worn/damaged stamps will be replaced at no cost, provided that the old stamp is returned to the National Board Pressure Relief Department at 7437 Pingue Drive, Worthington, OH 43085.
 - **IF THE WORN STAMP IS NOT RETURNED, YOUR COMPANY WILL BE CHARGED THE \$75.00 FEE.**

The National Board makes every effort to ensure materials arrive in timely manner and will ship the new stamp(s) promptly with no additional shipping charges. However, if your company has a preferred courier service and method of shipment, please list below. **If you are requesting a preferred courier and method of shipment, you must also provide your account number.**

Courier Service: _____ **Account Number:** _____

Shipping Method (i.e. next day, second day, ground, etc.): _____

The requested stamp(s) shall only be used as described within the scope and limitations under which the associated *Certificate of Authorization* has been issued and as described in the organization's written Quality System. All symbol stamps loaned to the organization are the property of the National Board and shall be returned, if the organization discontinues the use of said stamp, or if the associated *Certificate of Authorization* has expired.

X _____
Signature of Authorized Company Representative

Date

Printed Name of Authorized Company Representative

Printed Title of Authorized Company Representative

Phone: _____

Email: _____

Submit completed form to: National Board Testing Laboratory
PRD@nationalboard.org or 7437 Pingue Drive
Worthington, Ohio 43085

Please Note: An incomplete/improperly completed application may delay the processing of this request. Please be sure your form is complete before submitting.