

APPLICATION FOR THE NATIONAL BOARD "NR" CERTIFICATE OF AUTHORIZATION

Application Type: [1] NEW [2] RENEWAL

Company name and address listed in this section should be listed exactly as it appears in your QC Manual and exactly as it will appear on your *Certificate of Authorization with this issuance*.

[3] **Company Name:** _____

[4] **Division (if applicable):** _____

[5] **Requested Abbreviation (if applicable):** _____

[6] **Physical Address**

[7] **Mailing Address (if different from physical address)**

[8] **When shipping via courier (UPS or DHL), which address should be used?** Physical Address Mailing Address

[9a] **Does this application include a location change from your previously issued Certificate?** NO YES

[9b] **If YES - address on current Certificate:** _____

[10a] **Does this application include a name change from your previously issued Certificate?** NO YES

[10b] **If YES - company name on current Certificate:** _____

[10c] **Is this name change due to an Ownership Change?** YES* NO

By checking the box below, the new owners agree that they will take full responsibility for all work previously performed under this "NR" Certificate of Authorization. If the new owners do not want to take responsibility for previous work performed under this "NR" Certificate, an NB-163 form will need to be submitted to apply for a new "NR" Certificate of Authorization.* **Yes, we accept responsibility.

Authorized Inspection Agency (AIA):

[11a] _____ [11b] _____
(AIA/OUIO Name) (Effective date of AIA contract)

IMPORTANT FOR NEW APPLICANTS AND AIA CHANGES: A copy of your contract cover page with your AIA must also be submitted.

Primary Contact Information:

[12] _____ [13] _____
(First and Last Name) (Title)

[14] _____ [15] _____
(Telephone Number) (Email Address)

[16] _____ [17] _____
(Fax Number) (Company Web Address)

Company Name: _____

REQUESTED SCOPE:

[18a] Category: 1 2 3

[18b] List the details below of each requested category above (See NBIC Part 3 for guidance):

Information for the Review and Review Team:

[19a] Recommended Airport: [29a] Name of Airport: _____

[19b] City: _____

[19c] Three Letter Airport Code: _____

[20a] Do you recommend renting a car?

Yes No (If No, please complete [20b])

[20b] Alternate mode of transportation:

[21] Recommended Hotel/Motel for Review Team:

(Hotel/Motel Name)

(Phone)

(Address)

(Miles from airport to lodging)

(Miles from lodging to shop review location)

[22] Unacceptable dates for review: _____

[23] Please check if any safety items below are required for the Team Leader:

Safety Shoes Safety Glasses/
Side Shields Hard Hat Gloves Other: _____

[24] Please check the days of the week that your company is open for business:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Company Name: _____

Conditions

- The Certificate and “NR” Symbol Stamp shall be used only by the named company and in the manner prescribed in the *National Board Inspection Code* (NBIC) and NB-417, *Accreditation of “NR” Repair Organizations*. The company must have all parts of the current edition of the NBIC when performing work under the *Certificate of Authorization*.
- The Certificate and stamp will be surrendered should the company discontinue the above activities, at the request of the National Board or at the expiration of the Certificate. The company will pay any and all legal fees and National Board costs associated with the recovery of the Certificate and stamp.
- The National Board member jurisdiction or the National Board may make audits or unannounced visits as deemed necessary to ensure compliance with the rules of the National Board.
- For renewals, if the Certificate is issued after it expires, and no Certificate extension was issued, there will be a lapse in the organization’s ability to perform any repair/alteration activity between the expiration date and issuance date. If the Certificate is issued more than 6 months past expiration, a new “NR” number may be assigned.
- **Under no circumstances shall the National Board “NR” Symbol Stamp be used without the acceptance of a National Board Commissioned Inspector.**

Statement of Due Process and Confidentiality

- The Review Team’s responsibility is to document any findings and report them to the National Board along with a recommendation concerning issuance of a *Certificate of Authorization*.
- Team members are prohibited from discussing your company’s proprietary information as well as the information contained in their report at any time, unless with National Board staff or Appeals Committee members. Information obtained by the team member, staff or committee members will be held in strict confidence. A copy of their report will be left with the applicant upon request.
- National Board policy provides for due process by an aggrieved party. Individuals may request information concerning this procedure by contacting the Appeals Committee, 1055 Crupper Avenue, Columbus, Ohio 43229-1183 or fax 614.847.1828.

Demonstration

- A Review Team will conduct an evaluation of the company’s Quality System. The company must demonstrate sufficient implementation of the Quality System to provide evidence of the company’s knowledge of design, materials, document control, procurement, control of process (welding, NDE, heat treatment, and bending and forming), non-conformances, corrective action, quality records, audits, and indoctrination and training of personnel that affect quality and other repair and replacement activities, as appropriate for the requested scope and category of work.
- If the applicant is an ASME “N” *Certificate of Authorization* holder, has satisfactorily demonstrated within the last twelve (12) months the implementation of their Quality Assurance Program and can provide documentation that the organization is capable of implementing its Quality Assurance Program as being in compliance with the NBIC, a further hardware verification implementation may not be necessary.
- The evaluation of the Quality System must include a demonstration of welding, if included within the scope of activities applied for.
- The implementation demonstration must include any ongoing or current repair/alteration work at the time of the review, otherwise, a mock-up, or a combination of a mock-up and non-repair/alteration work may be used.

By signing this form, you acknowledge that the information above is correct and that you have read and understand the conditions, the statement of due process and confidentiality and demonstration listed above.

[25] **X** _____ Date _____
Signature of company’s authorized representative

[26] _____ Title of company’s authorized representative
 Print name of company’s authorized representative

Submit completed form to: The National Board
RepairStamp@nationalboard.org or 1055 Crupper Avenue
 Columbus, Ohio 43229-1183

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

GUIDE FOR COMPLETING THE APPLICATION FOR THE NATIONAL BOARD “NR” CERTIFICATE OF AUTHORIZATION

[1]	Check this box if this application is for a new issuance of the “NR” <i>Certificate of Authorization</i> .
[2]	Check this box if this application is for renewal of an existing “NR” <i>Certificate of Authorization</i> .
[3]	Print your company name <u>exactly</u> as it appears in your QA Manual cover page and how it will appear on this issuance of the Certificate. Punctuation, spacing, abbreviations and capitalization of the name are important. If your company is having a name change at your review for renewal, print the new company name on line [3] and the name on your current Certificate on line [10b].
[4]	When applicable, print your company division name <u>exactly</u> as it appears on your QA Manual cover page and how it will appear on this issuance of the Certificate. Punctuation, spacing, abbreviations and capitalization of the division name are important.
[5]	If applicable, print the exact abbreviation used for marking or stamping as required by the NBIC and how it is noted in your QA Manual. This abbreviation will appear on your “NR” <i>Certificate of Authorization</i> . For example, A company named “Acme Building Company” may use a stamping/abbreviation of “ABC”.
[6]	Print your physical address (shop) exactly as it appears in your QA Manual. This is also the address that will appear on your “NR” <i>Certificate of Authorization</i> . Punctuation, spacing, abbreviations and capitalization of the address are important.
[7]	Print your mailing address, if different from your physical address. This is the address that will be used to mail your renewed Certificate.
[8]	Check if your physical address or mailing address should be used when we are shipping via a courier (example: UPS or DHL).
[9a]	Check “Yes” if your company is having a location change at the time of your review. Check “No” if your company location will remain as it currently appears on your <i>Certificate of Authorization</i> .
[9b]	If “Yes” was checked on line [9a], print the full location on your current/previously issued “NR” <i>Certificate of Authorization</i> .
[10a]	Check “Yes” if your company is having a name change at the time of your review. Check “No” if your company address will remain as it currently appears on your <i>Certificate of Authorization</i> .
[10b]	If “Yes” was checked on line [10a], print the full company name on your current/previously issued “NR” <i>Certificate of Authorization</i> .
[10c]	By checking “Yes”, you are stating the company name change being done at the time of renewal is due to an ownership change. By checking “No” you are stating this is a company name change, but not an ownership change. * By checking “Yes, we accept responsibility”, the new ownership of the company is accepting responsibility for all previous work performed under the revised “NR” <i>Certificate of Authorization</i> .
[11a]	Print the name of your Authorized Inspection Agency (AIA).
[11b]	Effective date of your contract with your Authorized Inspection Agency listed on line [11a]
[12]	Print the name of your company’s primary contact. This is the person the National Board will contact with any questions or concerns.
[13]	Print the title of your company’s primary contact
[14]	Telephone number of your company.
[15]	Print the email address of your company which is routinely monitored. This is the email address that will be used for all correspondence.
[16]	Fax number of your company.
[17]	Web site of your company. If your company does not have a web site, please note “N/A”.
[18a]	Check the applicable category of activity requested per review (more than one permitted).
[18b]	Enter the full scope being requested for each category requested in [18a] (codes, class, components, etc.).
[19a]	Print the name of the recommended airport where the Team Leader will arrive.
[19b]	Print the city of the airport where the Team Leader will arrive.
[19c]	The three digit code of the airport where the Team Leader will arrive.
[20a]	Do you recommend the Team Leader rent a car?
[20b]	If you have checked “No” on line [20a], list an alternate mode of transportation.
[21]	Provide complete information for the recommended hotel/motel for the review team.
[22]	Provide any dates that will be unacceptable for scheduling your review.
[23]	Check the boxes, as applicable, for any safety items the Team Leader will need for the Shop Review.
[24]	Check the boxes of the days of the week your company is open for business (for a Review).
[25]	Signature of your company’s Authorized Representative and date.
[26]	Print the name & title of your company’s Authorized Representative that signed line [25].

****If you have any questions please contact the Accreditation Department at 614.888.8320****