

APPLICATION FOR NATIONAL BOARD "T/O" CERTIFICATE OF AUTHORIZATION TO TEST PRESSURE RELIEF VALVES

The company named below hereby makes application for:

New Issuance
 Renewal
 Name Change**
 Location Change**
 Scope Change

Is name change or location change due to an ownership change? **Yes **No** If yes, by signing this application the new owners agree that they will take full responsibility for previous work performed under this *Certificate of Authorization*. If the new owners do not want to take responsibility for previous work performed under this Certificate, an application will need to be submitted as a New Issuance.

Company Name: _____
(Full company name exactly as it should appear on your *Certificate of Authorization*)

Previous Name: _____
(If applicable)

Acceptable Abbreviation: _____
(If applicable)

Seal Identification: _____
(If applicable)

Plant Location: (Exactly as it should appear on your Certificate) _____
Corporate/Mailing Address: _____

Previous Location: _____
(If applicable)

Plant Phone Number: _____ **Corporate Phone Number:** _____
Plant Fax Number: _____ **Corporate Fax Number:** _____

attests that it can test pressure relief valves and is prepared to demonstrate this activity within the following scope:

Location: shop shop and field field only
ASME Code Section: I IV VIII
Test Media: Steam Air Gas Liquid
Special NB-528 Provisions:
 NB-528, 6.0 Testing by Manufacturer Section VIII Steam valves tested on air
 Alternate verification testing per NB-528, 11.0

and makes application for a National Board of Boiler and Pressure Vessel Inspectors *Certificate of Authorization* permitting the use of a National Board Pressure Relief Test Only ("T/O") Certification mark for a period to be specified.

In consideration of receipt of said Certificate, the company agrees that the certification mark shall be used only by the named company and in the manner prescribed in the *National Board Inspection Code* and NB-528. The company further agrees to surrender the Certificate immediately at any time the National Board may request. Further, the company agrees to surrender said Certificate should it discontinue the above mentioned testing activities or no longer have a valid *Certificate of Authorization* in its possession. The company further agrees to pay any and all legal fees and National Board costs incurred in the recovery of said Certificate if the above is not complied with and action is necessary. Further, it is agreed that the authorized jurisdiction or the National Board may make audits or unannounced visits as deemed necessary to assure compliance with the rules of The National Board of Boiler and Pressure Vessel Inspectors.

Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Date

Email Address
For NB Staff Use:

Phone Number

<p>Review Report: Accepted by _____ Date _____</p> <p>QC Manual: Accepted by _____ Date _____</p> <p>Current VR Certificate Holder: _____</p>	<p>T/O #: _____ Expiration Date: _____</p> <p>Corrective Action Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Corrective Action: Accepted by _____ Date _____</p> <p>Authorization to Issue Certificate: Approved by _____ Date _____</p>	<p>Company Code: _____</p> <p>Acct. ID#: _____</p> <p>Amount Paid: _____</p> <p>Type: _____</p> <p>Received: _____</p>
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