
**APPLICATION FOR THE NATIONAL BOARD *CERTIFICATE OF ACCREDITATION/ACCEPTANCE* FOR
AUTHORIZED INSPECTION AGENCIES (AIA), FEDERAL INSPECTION AGENCIES (FIA) AND
OWNER USERS (OUIO)**

APPLICATION INSTRUCTIONS:

1. This application is a writable PDF. Please download the application document and save it on your computer. You can then open the application, type in your information, and print the application form. **Any application filled in on the online view will not be saved. All applications must be typed and may be emailed, faxed, or mailed to the National Board.**
2. Enter the company name as it will appear on the *Certificate of Accreditation/Acceptance* and Commission cards. Punctuation, spacing, and capitalization of the name are important. **DO NOT complete the form in all capital letters** unless your QC Manual is in all capital letters, and you want your Certificate to read in all capital letters.
3. If you are applying for more than one certification, you must submit **separate applications for each**.
4. Be sure to include a current email address for the company's primary contact. All National Board correspondence will be sent to this address.

ADDITIONAL INSTRUCTIONS/INFORMATION:

ALL NEW APPLICANTS:

New applicants must already have a Provisional Certificate in order to submit this application for new issuance. If applicable, see form NB-111 to apply for Provisional Certification, which may be obtained from our website: www.nbbi.org.

NB-360 APPLICANTS:

Once your ASME review has been successfully completed, and you have received your ASME AIA *Certificate of Accreditation* (new or renewal), you will need to submit a copy of the ASME Certificate to the National Board. The NB-360 *Certificate of Acceptance* cannot be issued until this is received.

ALL APPLICANTS:

Once your review has been successfully completed, you must submit a CONTROLLED copy of your Quality Control Manual to the National Board at accreditation@nbbi.org.

APPLICATIONS, QC MANUAL, & ANY SUPPORTING DOCUMENTS SHOULD BE SUBMITTED TO:

Email: accreditation@nbbi.org or Mail: The National Board of Boiler and Pressure Vessel Inspectors
Attention: Technical Department-Accreditation
1055 Crupper Avenue
Columbus, OH 43229-1183

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Application Type:	Applying For (CHOOSE ONLY ONE):	
New	New Construction (Reference NB-360)	Inservice Inspection (Reference NB-369)
Renewal	Owner User (Reference NB-371) *	Federal Inspection Agency (Reference NB-390)

***OWNER USER APPLICANTS:** Is your facility owned or operated by the federal government? NO YES

IMPORTANT: Your company name and address below should be listed **exactly as they appear in your Quality Manual**, including capitalization, punctuation, and abbreviations. The way it is listed is exactly how your Certificate will be issued. **Do not complete this application in all capital letters**, unless that is how it appears in your Quality Manual.

Full Company Name: _____

Division (if applicable): _____

Physical Address:

Mailing Address (if different from physical address):

FOR RENEWAL APPLICANTS ONLY:

Does this application include a location change from your previously issued Certificate? NO YES

If YES – list the address on your current Certificate: _____

Does this application include a name change from your previously issued Certificate? NO YES

If YES – list the company name on your current Certificate: _____

Requested scope activities for the Certification type for which you are applying:

NB-360 Scope:

New Construction Inspections

Acceptance Inspection of Repairs and Alterations (***CHOOSE ONE OPTION BELOW**)

* Non-Nuclear Nuclear Non-Nuclear & Nuclear

NB-369, NB-371, or NB-390 Scope:

Inservice Inspection

Acceptance Inspection of Repairs and Alterations (***CHOOSE ONE OPTION BELOW**)

* Repairs Only Repairs and Alterations

Primary Contact Information:

(First and last name)

(Title)

(Telephone Number)

(Email address)

(Fax number)

(Company web address)

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AUDIT/TRAVEL INFORMATION: This section is not applicable to NB-360 applicants.

Recommended Airport: _____

Airport City: _____ Three Letter Airport Code: _____

Do you recommend renting a car? Yes No ➔ Alternate mode of transportation: _____

Recommended Hotel for the Review Team: _____

Hotel Address: _____ Hotel Phone: _____

Miles from airport to lodging: _____

Miles from lodging to review location: _____

What is the earliest date you are available for a review?
(Shop Reviews are typically scheduled at least 2 months in advance.)

What weeks or dates are not acceptable for your review?
(Due to holidays, plant shutdown, etc.)

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

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours of Operation: _____

The applicant agrees:

- To meet the requirements of NB-381, *Quality Program for Inspection Organizations*.
- To meet the requirements of NB-263, RCI-1, *Rules for Commissioned Inspectors*.
- That the *Certificate of Accreditation/Acceptance* will be used only by the named Certificate Holder and in the manner prescribed in NB-381.
- To notify the National Board of any organizational name or address changes (physical or mailing).
- That the National Board may perform audits or unannounced visits, at the Certificate Holder's expense, as deemed necessary to assure compliance with the rules of the National Board and the Certificate Holder's quality program.
- To surrender the certificate should the Certificate Holder discontinue the scope of activities, or at the request of the National Board.
- When applicable, to be authorized by a jurisdictional authority that has responsibility for administering the boiler and pressure vessel laws in one jurisdiction in which the AIA is operating (with the exception of NB-360's).

**BY SIGNING THIS BELOW, YOU ACKNOWLEDGE THAT THE INFORMATION ON THIS APPLICATION IS CORRECT
AND THAT YOU HAVE READ AND AGREE TO THE TERMS LISTED ABOVE.**

X _____
Signature of company's authorized representative

Date

Print the name of company's authorized representative

Print the title of company's authorized representative

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In accordance with NB-263, RCI-1, *Rules for Commissioned Inspectors*, please list a **minimum of 2 Inspectors, one of which must be a Supervisor/Technical Manager, however named.**

Supervisors/Technical Managers responsible for inspection activities:

Name: _____

Name: _____

Title: _____

Title: _____

Commission Number: _____

Commission Number: _____

Endorsement(s): _____

Endorsement(s): _____

Inspectors:

Name: _____

Name: _____

Title: _____

Title: _____

Commission Number: _____

Commission Number: _____

Endorsement(s): _____

Endorsement(s): _____

Name: _____

Name: _____

Title: _____

Title: _____

Commission Number: _____

Commission Number: _____

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