

INSTRUCTIONS FOR COMPLETING THE FORM NB-480, *SCRAPPING OF PRESSURE RETAINING ITEMS FORM*

Items 1-9 should be completed by the owner, user, or "R" Certificate Holder making the request.

- 1) The name, address, and phone number of the jurisdiction, or Authorized Inspection Agency when there is no jurisdiction, to which the form is being submitted for approval.
- 2) Enter the name and address of your company or organization.
- 3) Enter the name and address of the manufacturer shown on the nameplate.
- 4) Enter the name and address of the location where the pressure-retaining item is installed. If this is the same as number 2, check the box "same as # 2."
- 5) Manufacturer's Data Report Attached-check the appropriate box.
- 6) Is the pressure-retaining item registered with the National Board? Check the appropriate box. If yes, provide the National Board Registration Number.
- 7) Provide as much information as known to help identify the pressure-retaining item.
- 8) Enter the date of removal or defacement of the Code nameplate.
- 9) Enter the name and signature of the owner, user, or "R" Certificate.

Note: Once completed the requester should file a copy with the jurisdiction in which the pressure-retaining item is installed, the National Board (if registered with the National Board), the owner or user of the vessel if the request was made by an "R" Certificate Holder, and upon request to the Authorized Inspection Agency who witnessed the removal or defacement of the nameplate.

SCRAPPING OF PRESSURE-RETAINING ITEMS
IN ACCORDANCE WITH PROVISIONS OF THE NATIONAL BOARD INSPECTION CODE

1. **SUBMITTED TO:**

(Name of Jurisdiction)

(Address)

(Phone Number)

2. **SUBMITTED BY:**

(Name of Owner/User)

(Address)

(Phone Number)

3. MANUFACTURED BY: (Name and address)

4. LOCATION OF INSTALLATION: (Address)

5. MANUFACTURER'S DATA REPORT: YES NO

6. ITEM REGISTERED WITH NATIONAL BOARD: YES NO

NB NUMBER: _____

7. ITEM IDENTIFICATION:

Year Built: _____

Mfr. Serial No.: _____

Type: _____

Jurisdiction No.: _____

Dimensions: _____

MAWP: _____

8. DATE OF REMOVAL OR DEFACEMENT OF THE CODE NAMEPLATE(S): _____

9. I certify that to the best of my knowledge and belief the statements in this report are correct, and with provisions of the National Board Inspection Code.

Name of Owner/User _____

Signature: _____ Date: _____