

## APPLICATION FOR THE NATIONAL BOARD "NB" CERTIFICATE OF AUTHORIZATION

APPLICATION TYPE (CHECK ONE):   
  NEW   
  RENEWAL   
  LOCATION CHANGE   
  SCOPE CHANGE

**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(s)* with this issuance.**

Company Name: \_\_\_\_\_

Division (if applicable): \_\_\_\_\_

Requested Abbreviation for Nameplate (if applicable): \_\_\_\_\_  
(An abbreviation is a shortened version of your company name)

<p><b>Physical Address</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p><b>Mailing Address (if different from physical address)</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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Does this application include a location change from your previously issued Certificate?     NO     YES

If YES - address on current Certificate: \_\_\_\_\_

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

If YES - company name on current Certificate: \_\_\_\_\_

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 the "NB" Certificate of Authorization. If the new owners do not want to take responsibility for previous work performed under the "NB" Certificate, an NB-504 form will need to be submitted to apply for a new "NB" Certificate of Authorization.

YES, WE ACCEPT RESPONSIBILITY.

**Scope (check all that apply):**

Applying as a:

<input type="checkbox"/> Manufacturer	AND/OR	<input type="checkbox"/> Assembler
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<p><b>functioning with ASME Designator(s) of:</b></p> <table border="0" style="width: 100%;"> <tr><td><input type="checkbox"/> "V"</td><td><input type="checkbox"/> "UV"</td></tr> <tr><td><input type="checkbox"/> "NV"</td><td><input type="checkbox"/> "UD"</td></tr> <tr><td><input type="checkbox"/> "HV"</td><td><input type="checkbox"/> "UV3"</td></tr> <tr><td><input type="checkbox"/> "TV"</td><td><input type="checkbox"/> "UD3"</td></tr> <tr><td><input type="checkbox"/> "TD"</td><td></td></tr> </table>	<input type="checkbox"/> "V"	<input type="checkbox"/> "UV"	<input type="checkbox"/> "NV"	<input type="checkbox"/> "UD"	<input type="checkbox"/> "HV"	<input type="checkbox"/> "UV3"	<input type="checkbox"/> "TV"	<input type="checkbox"/> "UD3"	<input type="checkbox"/> "TD"		<p><b>functioning with ASME Designator(s) of:</b></p> <table border="0" style="width: 100%;"> <tr><td><input type="checkbox"/> "V"</td><td><input type="checkbox"/> "UV"</td></tr> <tr><td><input type="checkbox"/> "TV"</td><td><input type="checkbox"/> "UV3"</td></tr> </table>	<input type="checkbox"/> "V"	<input type="checkbox"/> "UV"	<input type="checkbox"/> "TV"	<input type="checkbox"/> "UV3"
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<input type="checkbox"/> "TV"	<input type="checkbox"/> "UV3"														

**Contact Information**

**Primary Contact:**

\_\_\_\_\_  
(First and Last Name) (Title)

\_\_\_\_\_  
(Telephone Number) (Email Address)

\_\_\_\_\_  
(Company Web Address)

**Alternate Contact:**

\_\_\_\_\_  
(First and Last Name) (Title)

\_\_\_\_\_  
(Telephone Number) (Email Address)

**Terms and Conditions:**

- The “NB” Certificate and “NB” symbol stamp shall be used only by the named company and in the manner prescribed in the *National Board Inspection Code* (NBIC) and NB-500, *Criteria for Authorization to Apply the “NB” Mark to Pressure Relief Devices*.
- The applicant must have all applicable ASME Code(s) when performing work under the *Certificate of Authorization*.
- The Certificate and stamp will be surrendered should the company discontinue the above mentioned new construction 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.
- The applicant agrees to provide a written description (in the English language) of the quality system for National Board acceptance. Supporting procedures and records referenced in this manual shall be adequately described and made available for review.

**Implementation Demonstration and Testing:**

- The applicant understands that a National Board Representative will evaluate an implementation demonstration of the quality system at their location. This demonstration shall include the selection of random production sample pressure relief devices, which will be tested later at an accepted testing facility. The number and type of valves to be selected for verification testing is specified in the National Board document, NB-500.
- Applicants should contact their chosen NB/ASME Accepted Testing Laboratory for a current schedule of fees.

**By signing below, you acknowledge that the information on this application is correct. You also acknowledge and accept the Terms, Conditions, Implementation Demonstration, and Testing listed above.**

**X** \_\_\_\_\_  
**Signature** of company’s authorized representative Date

\_\_\_\_\_  
(First and Last Name) (Title)

\_\_\_\_\_  
(Telephone Number) (Email Address)

Before submitting this application, please review the NB-500 which can be found on the National Board website:  
[www.nbbi.org](http://www.nbbi.org)

Submit completed form to: [PRD@nbbi.org](mailto:PRD@nbbi.org) or National Board Testing Laboratory  
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.**