



APPLICATION FOR THE NATIONAL BOARD OWNER-USER CERTIFICATE OF ACCREDITATION

NEW APPLICATION

RENEWAL

REVISION TO PREVIOUS APPLICATION
(i.e., organization name or address change, etc.)

THE NATIONAL BOARD

OF BOILER AND
PRESSURE VESSEL
INSPECTORS

Print Organization's name as it will appear on the Certificate of Accreditation & Commission cards (use two lines if necessary)
Punctuation, spacing and capitalization of the name are important

Check Requested Scope: Inservice Inspection Only
 Acceptance Inspection of Repairs and Alterations
 Both

The applicant agrees:

- To meet the requirements of NB-371, Accreditation of Owner-User Inspection Organizations (OUIO).
- That the Certificate of Accreditation will be used only by the named certificate holder and in the manner prescribed in the National Board Inspection Code.
- To notify the National Board of any organization name or address changes (physical or mailing).
- That the National Board or National Board Member Jurisdiction 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 & your quality program.
- 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.
- The Certificate of Accreditation is issued for a three (3) year period and to surrender the certificate should the certificate holder discontinue the above activities or at the request of the National Board.
- To meet the requirements of NB-263, Rules for National Board Inservice & New Construction Commissioned Inspectors.

X

Signature of company's authorized representative

Date

Print name of company's authorized representative

Print title of company's authorized representative

Note: If you have an organizational change at any time which affects the primary contact within your company, the National Board must be notified in writing as soon as possible with the new information (contact person, phone number, fax number and/or email address).

To be completed by applicant:

Physical Address

Mailing Address

City, State, Province, Country, Postal Code

City, State, Province, Country, Postal Code

Name of Company's Primary Contact

Title of Company's Primary Contact

Telephone Number

Fax Number

Email Address

Web Address

National Board Use:

O/U Certificate No.	AIA#
Issue Date	
Revised Date	
Expiration Date	
Accreditation Dept.	Staff Engineer
Company ID #	Amount Paid
Date	Check No/Type of CC

The following information will be helpful to the National Board scheduling coordinator in planning the site survey.

Recommended Airport: City

Name of Airport:

Do you recommend renting a car?

Alternate mode of transportation:

Yes

NO - If No, please complete →

Recommended Hotel/Motel for Review Team:

First Choice:

Second Choice:

Hotel/Motel Name

Hotel/Motel Name

Address

Address

Telephone

Telephone

Miles from airport to lodging

Miles from airport to lodging

Miles from lodging to shop (review location)

Miles from lodging to shop (review location)

Approximate taxi cost

Approximate taxi cost

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

	Sun		Mon		Tue		Wed		Thu		Fri		Sat
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Please Note: An incomplete/improperly completed application may delay the processing of this request. Please be sure your form is complete before submitting. Thank you.

Submit completed application to:

The National Board
Attn: Accreditation Dept.
1055 Crupper Avenue
Columbus, Ohio 43229-1183

National Board Use:

Date	Hotel	Confirmation Number
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