

The National Board of Boiler and Pressure Vessel Inspectors “A” Endorsement Application for Authorized Inspectors

National Board No. _____

Name in Full _____ NB No. _____

Present Residence _____
(number, street, city, state province zip code)

Name and Address of Employer _____
(number, street, city, state province zip code)

1. To be completed by the applicant

Qualifications:

Applicant shall have successfully completed the National Board “A” Endorsement Training Course:

1) Dates: from _____ to _____
(month/day/year)

2) National Board “A” Exam taken and passed _____ Grade _____
(date)

By the signature below, the applicant certifies that the above information is correct and further agrees to abide by the *Rules for Commission Inspectors* (including appendices thereto), and all other standards applicable to the National Board Endorsement herein sought.

Signed _____ Date _____

Based on observation of and personal experience with the applicant, the employer hereby advises that the applicant possesses the following qualifications:

- _____ 1) the applicant is the holder of a valid and current National Board commission card and the applicant, when granted the "A" endorsement shall be designated by the organization as an Authorized Inspector;
- _____ 2) applicant has passed an examination developed, promulgated and administered by the National Board for an Authorized Inspector,
- _____ 3) as the applicant's employer, we have verified and attest to the applicant's having received 80 hours of supervised on-the-job training, additional to that stated in Part 1. This training is documented below:

For the 80 hours on-the-job training this inspector has:

Please note the 80 hours on-the-job training must be noted above for issuance of the "A" endorsement.

Remarks:

On behalf of the employing Authorized Inspection Agency, I hereby certify that the above named applicant has met the requirements of 1 through 3 above as stated herein, and is in the regular employ of _____

and satisfies its requirements and the *National Board Rules for Commissioned Inspectors* for becoming an Authorized Inspector.

Signed _____ Date _____
(employer's signature)

NATIONAL BOARD OFFICE USE ONLY

National Board Commission: _____ Date _____

Application Reviewed _____ Date _____

Passed "A" Exam _____ Grade _____

Signature _____

Executive Director