

GUIDE FOR COMPLETING NATIONAL BOARD FORM NB-136, REPLACEMENT OF STAMPED DATA FORM

Items 1-12 shall be completed by the owner, user, or "R" Stamp holder making the request.

- 1) Enter purchase order, job, or other identifying number used by your company if applicable.
- 2) The name address and phone number of the Jurisdiction, Authorized Inspection Agency (when there is no Jurisdiction) the form is being submitted to for approval.
- 3) Enter the name and address of your company or organization.
- 4) Enter the name, email, and phone number of the person who can be contacted if there are any questions concerning this request within your company or organization.
- 5) Enter the name and address of the location where the pressure retaining item is installed. If this is the same as number 3, check the box "same as # 3). If the pressure retaining item is being refurbished and the final installation location is unknown, check the box "Stock item, unknown".
- 6) Enter the date the pressure retaining item was installed. If unknown check the box "Unknown".
- 7) Enter the name of the manufacturer of the pressure retaining item the request is being submitted for.
- 8) Manufactures Data Report Attached, check the appropriate box.
- 9) Is the pressure retaining item registered with the National Board? Check the appropriate block. If yes provide the National Board Registration Number.
- 10) Provide as much information as known to help identify the pressure retaining item.
- 11) Provide a true facsimile of the legible part of the nameplate or stamping.
- 12) Attach any other documentation that helps provide tractability of the vessels to the original stamping, such as purchase orders, blueprints, inspection reports, etc.
- 13) Provide the name of owner or user of the pressure retaining item or "R" Stamp holder making the request. If an "R" Stamp holder, provide the "R" Stamp number. Signature of the requester and date requested.
- 14) To be completed by the Jurisdiction or Authorized Inspection Agencies authorized representative.

If the original manufacturer is currently in business, concurrence shall be obtained by the owner/user. The requester shall submit the form along with any attachments to the jurisdiction where the pressure retaining item is installed for approval. If there is no jurisdiction or the pressure retaining item is a stock item, the requester shall submit the form to a National Board Commissioned inspector for approval. After authorization, the form will be returned to the owner, user, or "R" Stamp holder who made the request. The requester is required to contact the Jurisdiction or an Authorized Inspection Agency to provide a National Board Commissioned inspector to witness the re-stamping or installation of the new name plate. If the name plate is being welded to the pressure retaining boundary of the vessel, the welding shall be done by a "R" Stamp holder. The requester will provide the new name plate or have the tools on hand to do the re-stamping in accordance with the original code of construction.

- 15) Once the re-stamping is completed or the new nameplate is attached the requester shall provide a true facsimile of the replacement stamping.
- 16) The owner, user, or "R" Stamp holder shall then complete fill in their name (and number if a "R" Stamp holder) and sign and date.
- 17) To be completed by the National Board Commissioned Inspector who witnessed by re-stamping or installation of the new nameplate.

Note: Once completed the requester shall file a copy with the Jurisdiction where the pressure retaining item is installed, the National Board, and the owner or user of the vessel if the request was made by an "R" Stamp holder, and upon request to the Authorized Inspection Agency who witnessed the re-stamping or attachment of the new name plate.

REPLACEMENT OF STAMPED DATA FORM, NB-136 in accordance with provisions of the *National Board Inspection Code*

1. _____
(PO. no., job no., etc.)
2. SUBMITTED TO: _____
(Name of jurisdiction)
- _____
(Address)
- _____
(Telephone no.)
3. SUBMITTED BY: _____
(Name of owner, user, or certificate holder)
- _____
(Address)
4. _____ (Name of contact) _____ (Email) _____ (Telephone no.)
5. LOCATION OF INSTALLATION: SAME AS #3 STOCK ITEM-UNKNOWN
- _____
(Name)
- _____
(Address)
6. DATE INSTALLED: _____ UNKNOWN
7. MANUFACTURER: _____
(Name)
8. MANUFACTURER'S DATA REPORT ATTACHED: NO YES
9. ITEM REGISTERED WITH NATIONAL BOARD: NO YES, NB NUMBER _____
10. ITEM IDENTIFICATION: _____ (Type) _____ (Mfg. serial no.) _____ (Jurisdiction no.) _____ (Year built)
- _____
(Dimensions) _____ (MAWP psi) SAFETY RELIEF VALVE SET AT: _____ (psi)
11. PROVIDE A TRUE FACSIMILE OF THE LEGIBLE PORTION OF THE NAMEPLATE. ATTACHED

THE FOLLOWING IS A TRUE FACSIMILE OF THE LEGIBLE PORTION OF THE ITEM'S ORIGINAL NAMEPLATE (IF AVAILABLE). PLEASE PRINT. WHERE POSSIBLE, ALSO ATTACH A RUBBING OR PICTURE OF THE NAMEPLATE.

12. TRACEABILITY DOCUMENTATION – PROVIDE ANY DOCUMENTATION THAT WILL HELP THE JURISDICTION OR INSPECTOR VERIFY THE REQUESTED RE-STAMPING OR REPLACEMENT NAMEPLATE IS IN ACCORDANCE WITH THE ORIGINAL CODE OF CONSTRUCTION FOR THIS PRESSURE-RETAINING ITEM. ATTACHED

13. I REQUEST AUTHORIZATION TO REPLACE THE STAMPED DATA OR NAMEPLATE ON THE ABOVE DESCRIBED PRESSURE-RETAINING ITEM IN ACCORDANCE WITH THE RULES OF THE NATIONAL BOARD INSPECTION CODE (NBIC).

NAME: _____ NUMBER: _____
(Owner/Users or "R" Certificate Holder) (R Certificate Holder only)

SIGNATURE: _____ DATE: _____
(Authorized Representative)

14. BASED ON THE TRACEABILITY PROVIDED, AUTHORIZATION IS GRANTED TO REPLACE THE STAMPED DATA OR TO REPLACE THE NAMEPLATE OF THE ABOVE DESCRIBED PRESSURE-RETAINING ITEM.

SIGNATURE: _____ DATE: _____
(Authorized jurisdictional representative or inspector)

NATIONAL BOARD COMMISSION NO.: _____ JURISDICTIONAL NUMBER: _____
(If available)

15. THE FOLLOWING IS A TRUE FACSIMILE OF THE ITEM'S REPLACEMENT STAMPING OR NAMEPLATE.

(Must clearly state "replacement")

16. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS IN THIS REPORT ARE CORRECT, AND THAT THE REPLACEMENT INFORMATION, DATA, AND IDENTIFICATION NUMBERS ARE CORRECT AND IN ACCORDANCE WITH PROVISIONS OF THE NATIONAL BOARD INSPECTION CODE (NBIC).

NAME: _____ NUMBER: _____
(Owner/Users or "R" Certificate Holder) (R Certificate Holder only)

SIGNATURE: _____ DATE: _____
(Authorized Representative)

17. WITNESSED BY: _____ EMPLOYER: _____
(Name of Inspector)

SIGNATURE: _____ DATE: _____ NB COMMISSION NO.: _____
(Name of Inspector)