



Application for National Board Certification of a Pressure Relief Device Design and Authorization To Use the "NB" Mark

Part 1 General Information

We are making application to the National Board of Boiler and Pressure Vessel Inspectors to obtain National Board certification and permission to use the National Board "NB" mark on the device design described below.

Company Name: _____

Address: _____

hereby applies for device certification as Manufacturer of Pressure Relief
 Assembler Rupture Disk Devices
 Other Devices

of device type _____
(Manufacturer's Series or Catalog Number or Identification)

Designed by _____
(Manufacturer's Name)

and described in Part 2 on the reverse side of this application (Manufacturers Only).

This certification is to be considered for:

Certified Medium: Steam Air Gas Liquid (Note Liquid fluid scope PRVs, are certified separate from compressed fluid scope PRVs)

or list: _____

Construction Code Sections: ASME Section I
 ASME Section III; Subsection NB NC ND NE
 ASME Section IV
 ASME Section VIII, Division 1
 ASME Section VIII, Division 3
 ASME Section XII

Code Cases: _____

and is a(n) Initial Device Certification Transfer of Auth. (Move) Design Type Scope Change

Six Year Certification Renewal - NB Cert No. _____

Exp. Date _____

We certify that devices of the above noted type will be manufactured or assembled in accordance with the Construction Code and our National Board accepted quality system.

(Company Representative Signature)

(Date)

National Board Office Use

Company Acct I.D. _____ Company Code _____ Design Id Number: _____

Application Reviewed By. _____ Date: _____

Design Reviewed and Accepted By. _____ Date: _____

Certification Fee received on: _____ Application ID: _____

National Board Application for Certification

Part 2S-1 Supplement Scope of Design (For Rupture Disks Devices Only)

(discard this page for pressure relief valves)

A. **Device Manufacturer:** _____
Plant Location: _____
Device Type/Model: _____
Holder Type/Model: _____
(If Different than Device Type)

B. Disk Type:

(1) Loading

- Conventional Domed (forward acting, tension loaded)
 Conventional Flat
 Reversed Domed
 Other (Describe in D. Comments)

(2) Seat Configuration

- Flat Angle Sanitary
 Other (Describe in D. Comments)

(3) Opening Characteristics

a) Predetermined Opening

- None Slotted Line (Composite)
 Cross Scored Circular Scored
 Other (Describe in D. Comments)

b) Minimum Number of Petals:

- (Full Bore) 1 2 3 4
 Other (Describe in D. Comments)

(4) Auxiliary Elements

- Liner Knife Blade Vacuum (Back Pressure) Support
 Teeth Ring Hinge Plate Support (Protective) Ring
 Other (Describe in D. Comments)

(5) Disk Materials and Construction

- Solid Metal Graphite Mono Block - Recessed Upstream
 Composite Graphite Mono Block - Recessed Downstream
 Other (Describe in D. Comments) Graphite Mono Block - Recessed Both Sides

C. Holder:

- None Full Bolted Insert - Pre Loaded
 Threaded Union Style Insert Other (Describe in D. Comments)
 Single Use Device

D. Comments:
