

NATIONAL BOARD PRESSURE RELIEF DEPARTMENT STEEL SYMBOL STAMP REQUEST

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	(As it appears on your Certificate of Authorization)		
PHYSICAL ADDRES	Send stamp(s) to this address	MAILING ADDRESS	Send stamp(s) to this address
(As it appears on your o	Certificate of Authorization)		
STAMP(S) BEING RE	QUESTED: "VR" (NB"		
NUMBER OF STAMP	S BEING REQUESTED:		
REASON FOR REQUE	EST: Additional Stamp(s)	Replacement of worn	/damaged stamp
• The fee for	an additional stamp is \$75 PER STAMP (p	roforma invoice will be	e emailed upon receipt of this form).

• PAYMENT MUST BE RECEIVED PRIOR TO THE REPLACEMENT/ADDITIONAL STAMPS BEING SENT OUT.

The National Board makes every effort to ensure materials arrive in timely manner and will ship the new stamp(s) promptly with no additional shipping charges. However, if your company has a preferred courier service and method of shipment, please list below. If you are requesting a preferred courier and method of shipment, you must also provide your account number.

Courier Service:

Account Number:

Shipping Method (i.e., next day, second day, ground, etc.): _

The requested stamp(s) shall only be used as described within the scope and limitations under which the associated *Certificate of Authorization* has been issued and as described in the organization's written Quality System. All symbol stamps loaned to the organization are the property of the National Board and shall be returned, if the organization discontinues the use of said stamp, or if the associated *Certificate of Authorization* has expired.

X Signature of Authorized Company Rep	oresenta	ative Date	Date		
Printed Name of Authorized Company Representative			Printed Title of Authorized Company Representative		
Phone:		Email	:		
Submit completed form to: 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.		