THE NATIONAL BOARD OF BOILER AND PRESSURE VESSEL INSPECTORS
PRESSURE RELIEF DEPARTMENT
CONTROL SHEET

Company Name

Department, Division, Etc. (if applicable)

Plant Address (Cannot be a PO Box):

Plant Phone: _____ Plant Fax: _____

Plant Contact: _____ Title: _____

Email: _____

Alternative Contact: _____

What is the earliest date you are available for a visit?
(Your visit should be conducted no fewer than 6 months prior to your expiration date to ensure all testing can be completed)

What weeks or dates are not acceptable for your visit?
(Due to holidays, plant shutdowns, etc.)

Please mark the days and hours of the week that your company is open for business:

Sunday ☐ **Monday** ☐ **Tuesday** ☐ **Wednesday** ☐ **Thursday** ☐ **Friday** ☐ **Saturday** ☐

Hours of Operation: _____

*NOTE: The above information will be used to schedule your visit. Be sure to list all dates which must be avoided in scheduling. Any scheduled visit dates which are changed or cancelled may result in a penalty charge.

Certification Testing Location: ☐ **National Board Test Laboratory** ☐ **Other:** _____

Will spare valves be submitted? ☐ **Yes** ☐ **No**

Recommended Airport

Name of Airport:

City:

Three Letter Airport Code: _____

Miles from Airport to Lodging: _____

Do you recommend renting a car?
Yes ☐ No ☐

Alternate mode of transportation (if applicable):

Recommended Hotel/Motel

First Choice:

Hotel/Motel Name

Address

Telephone

Miles from lodging to shop (review/visit location)

Second Choice:

Hotel/Motel Name

Address

Telephone

Miles from lodging to shop (review/visit location)

NOTES:
- **Return this form with your advance deposit (if applicable) and other relevant paperwork.**
- **Be sure your form is COMPLETE before submitting. An incomplete/improperly completed application/control sheet may delay the processing of this request.**

Submit completed form(s) to: National Board PRD, 7437 Pingue Drive, Worthington, Ohio 43085 United States *OR*
prd@nationalboard.org

Signed: _____ Title: _____

Date: _____