

**REVIEW TEAM LEADER'S RECOMMENDATION OF APPLICANT
FOR
NATIONAL BOARD AUTHORIZATION TO REGISTER**

1. Company name and location address

2. Mailing address (if different from above)

3. Name and title of contact person

FAX number including area code

() _____

Telephone number including area code

() _____

4. ASME certificates currently held (underline) or new ASME certificates applied for (circle)

A E M PP S 'H HLW 'U 'UM U2 U3 RP 'RTP 'T N NA NPT'NV

5. Does the company plan to register boilers and/or pressure vessels with the National Board? YES NO
(If no, do not complete items 6, 7, 8, and 9)

6. Does the Q.C. Manual include the controls necessary for registration with the National Board? YES NO

7. What is the time frame specified by the company for submitting a data report? _____

8. Do you recommend issuance of National Board authorization to register? YES NO

9. From the company's National Board number log or record, last number issued: _____
number issuance date: _____

Signature of Review Team Leader:

Date:

Affiliation (Jurisdiction, NB Consultant, NB Staff) _____

PLEASE RETURN THIS FORM TO THE NATIONAL BOARD

NB-213 Rev. :