

## NATIONAL BOARD TEAM LEADER APPLICATION FOR CERTIFICATION

Applicant \_\_\_\_\_  
Last
First
Middle Initial

Residence Address \_\_\_\_\_  
Street
City
State
Zip

Employer \_\_\_\_\_  
Name

Employer Address \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

New Application

Renewal (see Renewal Section)

EDUCATION	DEGREE	DATE	CREDITS <small>(Nat'l Bd use only)</small>
High school diploma or equivalent			
Continuing education in Mathematics, Quality Assurance, Engineering, Non-destructive Testing or Inspections (7.0 CEU's minimum)			
Associate Degree from an accredited institution			
Associate Degree in Engineering, Physical Sciences, Mathematics or Quality Assurance curriculum from an accredited institution			
Bachelors Degree from an accredited institution			
Bachelors Degree in Engineering, Physical Sciences, Mathematics or Quality Assurance curriculum from an accredited institution			

TECHNICAL EXPERIENCE	NUMBER OF YEARS	CREDITS <small>(Nat'l Bd use only)</small>
Engineering, manufacturing, construction, operation, maintenance, or inspection associated with boilers, pressure vessels and/or pressure relieving devices.		
ASME Codes or Standards work		
Quality assurance		

PROFESSIONAL ACCOMPLISHMENTS	DESCRIPTION	DATE	CREDITS (Nat'l Bd use only)
Certificate of Competency			
Professional Registration			

MANAGEMENT EVALUATION	CREDITS (Nat'l Bd use only)
Describe recommendation _____ _____	_____

<b>TOTAL CREDITS</b> (10 Credits Req'd) _____
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**TRAINING**

Describe Training: \_\_\_\_\_

National Board Team Leader Seminar \_\_\_\_\_  
Date Attended

**ACTIVITY PARTICIPATION** (Identify 3 reviews in which you participated)

	<u>Location</u>	<u>Team Leader</u>	<u>Date</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**QUALIFICATION REVIEW REPORT SUBMITTED TO THE NATIONAL BOARD TEAM LEADER**

\_\_\_\_\_  
Location Team Leader Date

**CERTIFICATION BY APPLICANT**

I certify that the above statements are true. \_\_\_\_\_  
Applicant's Signature Date

