

APPLICATION FOR THE NATIONAL BOARD "R" CERTIFICATE OF AUTHORIZATION

Application Type: [1] <input type="checkbox"/> NEW [2] <input type="checkbox"/> RENEWAL	Applying For: [3] <input type="checkbox"/> "R" ONLY [4] <input type="checkbox"/> "R" WITH ASME
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[5a] **Company Name:** _____
(full company name exactly as it should appear on your Certificate of Authorization and how it appears in your QC Manual)

[5b] **Division (if applicable):** _____

[6] **Previous Name:** _____
(If this application includes a name change, print the full company name exactly as it reads on your previously issued certificate)

[7] **Requested Abbreviation (if applicable):** _____

[8a] Physical Address (<u>exactly</u> as it appears in your QC Manual) _____ _____ _____	[9a] Mailing Address (see page 3 number 9a) _____ _____ _____
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[10] **Previous Location:** _____
(If this application includes a location change, print the full company address exactly as it reads on your previously issued certificate)

NEW APPLICANTS ONLY:	
Which address should be used when shipping your steel stamp and Certificate via courier (UPS or DHL)?	[8b] Physical Address <input type="checkbox"/> [9b] Mailing Address <input type="checkbox"/>

Check All Requested Scopes:

[11] <input type="checkbox"/> Repairs	[14] <input type="checkbox"/> Shop	[17] <input type="checkbox"/> Metallic	[19] <input type="checkbox"/> Design Only
[12] <input type="checkbox"/> Alterations	[15] <input type="checkbox"/> Field	[18] <input type="checkbox"/> *Non-Metallic	
[13] <input type="checkbox"/> Both	[16] <input type="checkbox"/> Both		

* Graphite RP

[20] **Authorized Inspection Agency (AIA) or Owner User Inspection Organization (OUIO):** _____

NEW APPLICANTS AND AIA CHANGES ONLY: Along with this form, also submit a copy of the contract cover page with your AIA.
[21] Effective date of AIA contract: _____

Primary Contact Information:

[22a] _____ <small>(First and Last Name)</small>	[22b] _____ <small>(Title)</small>
[23] _____ <small>(Telephone Number)</small>	[24] _____ <small>(Email Address)</small>
[25] _____ <small>(Fax Number)</small>	[26] _____ <small>(Company Web Address)</small>

BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT THE INFORMATION ABOVE IS CORRECT AND THAT YOU HAVE READ AND UNDERSTAND THE CONDITIONS AND THE STATEMENT OF DUE PROCESS AND CONFIDENTIALITY ON PAGE 2 OF THIS APPLICATION.

X [27] _____ [28] _____
Signature of company's authorized representative Date Print name & title of company's authorized representative

NATIONAL BOARD USE	Certificate Number	Original Issue Date	Accreditation Department	Company ID#	Amount Paid
	Renewal Issue Date	Expiration Date	Staff Engineer	Date	Check No/Type of Payment

Conditions

- The Certificate and “R” Symbol Stamp shall be used only by the named company and in the manner prescribed in the National Board Inspection Code (NBIC) and NB-415, *Accreditation of “R” Repair Organizations*. The company must have all parts of the current edition of the NBIC when performing work under the Certificate of Authorization.
- The certificate and stamp will be surrendered should the company discontinue the above activities, at the request of the National Board or at the expiration of the certificate. The company will pay any and all legal fees and National Board costs associated with the recovery of the certificate and stamp.
- The National Board member jurisdiction or the National Board may make audits or unannounced visits as deemed necessary to ensure compliance with the rules of the National Board.
- **Under no circumstances shall the National Board “R” Symbol Stamp be used without the acceptance of a National Board Commissioned Inspector.**

Statement of Due Process and Confidentiality

- A Review Team will conduct an evaluation of the company’s Quality System. The company must demonstrate sufficient implementation of the Quality System to provide evidence of the company’s knowledge of welding, nondestructive examination, postweld heat treatment and other repair or alteration activities performed as applicable for the requested scope of work.
- The Review Team’s responsibility is to document any findings and report them to the National Board along with a recommendation concerning issuance of a Certificate of Authorization.
- Team members are prohibited from discussing your company’s proprietary information as well as the information contained in their report at any time, unless with National Board staff or Appeals Committee members. Information obtained by the team member, staff or committee members will be held in strict confidence. A copy of their report will be left with the applicant upon request.
- National Board policy provides for due process by an aggrieved party. Individuals may request information concerning this procedure by contacting the Appeals Committee, 1055 Crupper Avenue, Columbus, Ohio 43229-1183 or fax 614.847.1828.

[29] **Recommended Airport:**

[a] **Name of Airport:**

[b] **City:**

[c] **Three Letter Airport Code:**

[30a] **Do you recommend renting a car?**

Yes No (If No, please complete [30b])

[30b] **Alternate mode of transportation:**

[31] **Recommended Hotel/Motel for Review Team:**

(Hotel/Motel Name)

(Phone)

(Address)

(Miles from airport to lodging)

(Miles from lodging to shop review location)

[32] **Unacceptable dates for review:**

[33] **Please check the days of the week that your company is open for business:**

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

*Please Note: An incomplete/improperly completed application may delay the processing of this request.
Please be sure your form is complete before submitting. Thank you.*

Submit completed form to:

The National Board
1055 Crupper Avenue
Columbus, Ohio 43229-1183

or

RepairStamp@nationalboard.org

GUIDE FOR COMPLETING THE APPLICATION FOR THE NATIONAL BOARD “R” CERTIFICATE OF AUTHORIZATION

[1]	Check this box if this is an application for new issuance of an “R” Certificate of Authorization.
[2]	Check this box if this is an application for a renewal of an existing “R” Certificate of Authorization.
[3] & [4]	Are you applying for an “R” stamp only review or will you also be applying for an ASME Certificate(s)?
[5]	Print your company name <u>exactly</u> as it appears in your Quality Control Manual. Punctuation, spacing and capitalization of the name are important.
[6]	When applicable, print the full name on your previously issued certificate if there will be a name change done at your shop review for renewal.
[7]	If applicable, supply the exact abbreviation used for marking or stamping as required by the NBIC. For example, Acme Building Company may use (ABC) for their name for the stamping.
[8a]	Physical address (shop) exactly as listed in your company’s Quality Control Manual. This is also the address that will appear on your Certificate of Authorization. Punctuation, spacing and capitalization of the name are important.
[8b]	NEW ISSUANCES ONLY: Check this box is you would like your steel stamp and certificate delivered to your Physical address listed on line [8a]. Steel Stamps and certificates are shipped via UPS or DHL depending on location.
[9a]	Mailing address, if different from your physical address (i.e. PO Box). This address will be used to send your renewed certificate by USPS mail.
[9b]	NEW ISSUANCES ONLY: Check this box is you would like your steel stamp and certificate delivered to your Mailing address listed on line [9a]. Steel Stamps and certificates are shipped via UPS or DHL depending on location.
[10]	When applicable, print the full address on your previously issued certificate if there will be a location change done at your shop review for renewal.
[11]	Check this box if your program only covers repairs as defined in the NBIC.
[12]	Check this box if your company will be performing alterations only as defined in the NBIC and will perform physical work to the pressure retaining item.
[13]	Check this box if your company will be performing Repairs and Alterations as defined in the NBIC.
[14]	Check this box if your company will be performing work only at the address on the Certificate of Authorization (see SHOP in NBIC Part 3, Section 9).
[15]	Check this box if your company will be performing code work at field locations only (see FIELD in NBIC Part 3, Section 9).
[16]	Check this box if your company will be performing work at both the address on the Certificate of Authorization and field locations controlled by the address listed on the Certificate of Authorization.
[17]	Check this box if your company will be performing work on metallic pressure retaining items.
[18]	Check this box if your company will be performing work on non-metallic pressure retaining items, then specify by checking graphite and/or RP.
[19]	Check this box if your company will be performing code calculations for re-rating or alterations as defined in the NBIC and will not perform physical work to the pressure retaining item except for the “R” stamping or NDE.
[20]	Name of your Authorized Inspection Agency or Owner-User Inspection Agency Organization.
[21]	Supply effective date of the contract/agreement with your company’s Authorized Inspection Agency, as applicable.
[22a]	Print the name of your company’s primary contact. This is the person the National Board will contact with any questions or concerns.
[22b]	Print the title of your company’s primary contact.
[23]	Telephone number of your company.
[24]	Email address of your company which is routinely monitored.
[25]	Fax number of your company.
[26]	Web site of your company. If your company does not have a web site, please note “N/A”.
[27]	Signature of your company’s authorized representative. Required for both new, renewal & revision applications.
[28]	Print the name & title of the authorized representative who signed line [27].
[29a]	Print the name of the recommended airport where the Team Leader will arrive.
[29b]	Print the city of the airport where the Team Leader will arrive.
[29c]	The three digit code of the airport where the Team Leader will arrive.
[30a]	Do you recommend the Team Leader rent a car?
[30b]	If you have checked “No” on line [30-a], list an alternate mode of transportation.
[31]	Provide complete information for the recommended hotel/motel for the review team.
[32]	Provide any dates that will be unacceptable for scheduling your review.
[33]	Check the boxes of the days of the week your company is open for business (for a Review).

****If you have any questions please contact the Accreditation Department at 614.888.8320****