

APPLICATION FOR THE NATIONAL BOARD "R" CERTIFICATE OF AUTHORIZATION

Application Type: [1] NEW [2] RENEWAL **Applying For:** [3] "R" ONLY [4] "R" WITH ASME

Company name and address listed in this section should be listed exactly as it appears in your QC Manual and exactly as it will appear on your *Certificate of Authorization with this issuance*.

[5a] **Company Name:** _____

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

[6] **Requested Abbreviation for Stamping (if applicable):** _____

[7] **Physical Address**

[8] **Mailing Address (if different from physical address)**

[9] **When shipping via courier (UPS or DHL), which address should be used?** Physical Address Mailing Address

[10a] **Does this application include a location change from your previously issued Certificate?** NO YES

[10b] **If YES - address on current Certificate:** _____

[11a] **Does this application include a name change from your previously issued Certificate?** NO YES

[11b] **If YES - company name on current Certificate:** _____

[11c] **Is this name change due to an Ownership Change?** YES* NO

*By checking the box below, the new owners agree that they will take full responsibility for all work previously performed under this "R" Certificate of Authorization. If the new owners do not want to take responsibility for previous work performed under this "R" Certificate, an NB-12 form will need to be submitted to apply for a new "R" Certificate of Authorization. **Yes, we accept responsibility.**

Check All Requested Scopes:

[12] <input type="checkbox"/> Repairs	[15] <input type="checkbox"/> Shop	[18] <input type="checkbox"/> Metallic	[20] <input type="checkbox"/> Design Only
[13] <input type="checkbox"/> Alterations	[16] <input type="checkbox"/> Field	[19] <input type="checkbox"/> *Non-Metallic	
[14] <input type="checkbox"/> Both	[17] <input type="checkbox"/> Both		
		* <input type="checkbox"/> Graphite	<input type="checkbox"/> RP

Authorized Inspection Agency (AIA) or Owner-User Inspection Organization (OUIO):

[21a] _____ (AIA/OUIO Name) [21b] _____ (Effective date of AIA contract)

IMPORTANT FOR NEW APPLICANTS AND AIA CHANGES: A copy of your contract cover page with your AIA must also be submitted.

Primary Contact Information:

[22a] _____ (First and Last Name) [22b] _____ (Title)

[23] _____ (Telephone Number) [24] _____ (Email Address)

[25] _____ (Fax Number) [26] _____ (Company Web Address)

By signing this form, you acknowledge that the information above is correct and that you have read and understand the conditions, the statement of due process and confidentiality and demonstration on page 2 of this application.

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

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.
- For renewals, if the Certificate is issued after it expires, and no Certificate extension was issued, there will be a lapse in the organization's ability to perform any Repair/Alteration activity between the expiration date and issuance date. If the certificate is issued more than 6 months past expiration, a new "R" number may be assigned.
- **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

- 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, except 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.

Demonstration

- 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 evaluation of the Quality System must include a demonstration of welding, if included within the scope of activities applied for.
- The implementation demonstration must include any ongoing or current repair/alteration work at the time of the review, otherwise, a mock-up, or a combination of a mock-up and non-repair/alteration work may be used.

[29] **Recommended Airport:** [29a] **Name of Airport:** _____

[29b] **City:** _____

[29c] **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 if any safety items below are required for the Team Leader:**

Safety Shoes Safety Glasses/
Side Shields Hard Hat Gloves Other: _____

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

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Submit completed form to:
RepairStamp@nationalboard.org or The National Board
1055 Crupper Avenue
Columbus, Ohio 43229-1183

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

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]	Check this box if you do not hold and/or are not applying for ASME Certificates. This will be considered an "R" Only.
[4]	Check this box if you also hold or are applying for an ASME Certificate. This will be considered an "R w/ASME".
[5a]	Print your company name <u>exactly</u> as it appears in your Quality Control Manual and how it will appear on this issuance of the Certificate. Punctuation, spacing, abbreviations and capitalization of the name are important. If your company is having a name change at your review for renewal, print the new company name on line [5a] and the name on your current Certificate on line [11b].
[5b]	When applicable, print your company division name <u>exactly</u> as it appears on your QC Manual cover page and how it will appear on this issuance of the Certificate. Punctuation, spacing, abbreviations and capitalization of the division name are important.
[6]	If applicable, print the exact abbreviation used for marking or stamping as required by the NBIC. For example, ABC Boiler Company may use (ABC or ABCBC) for their name for the stamping. NOTE: Company Name (not the Abbreviation) is required for "R" Reports of Repair.
[7]	Physical address exactly as listed in your company's Quality Control Manual and how it will appear on this issuance of the Certificate. Punctuation, spacing, abbreviations and capitalization of the name are important. If your company is having a location change at your review for renewal, print the new location on line [7] and the location on your current Certificate on line [10b].
[8]	Mailing address, if different from your physical address (i.e. PO Box). This address will be used to mail your renewed certificate by USPS mail.
[9]	If a steel symbol stamp is being sent along with this issuance, check the box you would like your steel stamp and Certificate delivered. Steel stamps and Certificates are shipped via UPS or DHL depending on location (determined by the National Board).
[10a]	If you are including a location change with your renewal issuance, please indicate by checking "Yes" and then complete line [10b]
[10b]	If you checked "Yes" on line [10a], print the address exactly as it appears on your previously issued Certificate.
[11a]	If you are including a name change with your renewal issuance, please indicate by checking "Yes" and then complete line [11b]
[11b]	If you checked "Yes" on line [11a], print the full company name exactly as it appears on your previously issued Certificate.
[11c]	By checking "Yes", you are stating the company name change being done at the time of renewal is due to an ownership change. By checking "No" that means this is a company name change, but not an ownership change. * By checking the "Yes, we accept responsibility", the new ownership of the company is accepting responsibility for all previous work performed under the revised "R" Certificate.
[12]	Check this box if your program only covers repairs as defined in the NBIC.
[13]	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.
[14]	Check this box if your company will be performing repairs and alterations as defined in the NBIC.
[15]	Check this box if your company will be performing work only at the address on the <i>Certificate of Authorization</i> (see SHOP in NBIC Part 3, Section 9).
[16]	Check this box if your company will be performing code work at field locations only (see FIELD in NBIC Part 3, Section 9).
[17]	Check this box if your company will be performing work at both the address on the <i>Certificate of Authorization</i> and field locations controlled by the address listed on the <i>Certificate of Authorization</i> .
[18]	Check this box if your company will be performing work on metallic pressure-retaining items.
[19]	Check this box if your company will be performing work on non-metallic pressure-retaining items. *specify if the non-metallic work is on graphite and/or RP.
[20]	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.
[21a]	Name of your Authorized Inspection Agency or Owner-User Inspection Organization.
[21b]	Supply effective date of the contract/agreement with your company's Authorized Inspection Agency.
[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, as applicable, for any safety items the Team Leader will need for the Shop Review.
[34]	Check the boxes of the days of the week your company is open for business (for a Review).