



THE NATIONAL BOARD OF BOILER AND PRESSURE VESSEL INSPECTORS

# Application for the National Board "NR" Certificate of Authorization

New Application<sup>[1]</sup>     Renewal<sup>[2]</sup>     Revision to Previous Application<sup>[3]</sup> (i.e. name or address change.)

\_\_\_\_\_  
Company/Corporate Name (as it appears on the certificate)<sup>[4]</sup>

\_\_\_\_\_  
Abbreviation for stamping (if applicable)<sup>[5]</sup>

Makes application to the National Board of Boiler and Pressure Vessel Inspectors for a Certificate of Authorization for a three (3) year period.

Requested Scope: \_\_\_\_\_

\_\_\_\_\_  
Authorized Inspection Agency<sup>[7]</sup>

**Revisions Only** (\$50 USD revision fee will apply):  
Authorized Inspection Agency acceptance:

\_\_\_\_\_  
Signature of Authorized Inspection Agency Representative<sup>[8]</sup>

\_\_\_\_\_  
Date

**New Applicants and AIA Changes** (Please enclose a copy of your contract cover page.)

\_\_\_\_\_  
Effective Dates of Contract<sup>[9]</sup>

The applicant agrees to the following:

1. 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). Note: You must have a current edition of the NBIC with all applicable addenda.
2. Surrender of the certificate and stamp should the company discontinue the above activities *at the request of the National Board or at the expiration of the certificate*, and payment of all legal fees and National Board costs associated with the recovery of the certificate and stamp.
3. 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.
4. **Under no circumstances shall a National Board Symbol Stamp be used without the acceptance of a National Board Commissioned Inspector.**

By signing this form, I acknowledge that I have read and understood the Statement of Due Process and Confidentiality on page 2 of this application.

\_\_\_\_\_  
Authorized Representative<sup>[10]</sup> (signature)

\_\_\_\_\_  
Date<sup>[11]</sup>

\_\_\_\_\_  
Authorized Representative<sup>[12]</sup> (print or type)

\_\_\_\_\_  
Title

Note: If you have organizational changes at any time which affect the primary contact at your company please notify us in writing as soon as possible with the new individual's name and email address.

\_\_\_\_\_  
Physical Address<sup>[13]</sup>

\_\_\_\_\_  
Primary Contact<sup>[17]</sup>

\_\_\_\_\_  
City, State/Province, Country, Zip/Postal Code<sup>[14]</sup>

\_\_\_\_\_  
Telephone Number<sup>[18]</sup>

\_\_\_\_\_  
Mailing Address<sup>[15]</sup>

\_\_\_\_\_  
Fax Number<sup>[19]</sup>

\_\_\_\_\_  
City, State/Province, Country, Zip/Postal Code<sup>[16]</sup>

\_\_\_\_\_  
Email Address<sup>[20]</sup>

\_\_\_\_\_  
Web site address<sup>[21]</sup>

<b>Office Use Only:</b>	
Certificate Numbers	_____
Date issued	_____
Date revised	_____
Date expired	_____
Accreditation Dept.	Staff Engineer _____
Comp. ID #	Amt. Paid _____
Date of Check	Check # _____

### Statement of Due Process and Confidentiality

- A review team will conduct an evaluation of the organization's Quality System. The organization must demonstrate sufficient implementation of the Quality System to provide evidence of the organization's knowledge of welding, nondestructive examination, post-weld 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 this organization's proprietary information as well as the information contained in the report at any time, unless with National Board staff or Accreditation Committee members. Information obtained by the team, staff, or committee members will be held in strict confidence. A copy of the report will be left with the organization.
- National Board policy provides for due process by an aggrieved party. Individuals may request information concerning this procedure by contacting the National Board Accreditation Department, 1055 Crupper Avenue, Columbus, Ohio, 43229-1183 or faxing 614.847.1828.

### Accommodations

_____ Recommended Airport City <sup>[22]</sup>		_____ Name of Airport <sup>[23]</sup>	
Do you recommend renting a car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other transportation will pick up at the airport:	<input type="checkbox"/> Train	<input type="checkbox"/> Bus	<input type="checkbox"/> Taxi
Special Instructions:	_____		
	_____		

### Hotel for Review Team

#### First Choice<sup>[24]</sup>

_____ Hotel Name
_____ Address
_____ Telephone
_____ Miles from Lodging to Airport
_____ Approximate Taxi Cost

#### Second Choice<sup>[25]</sup>

_____ Hotel Name
_____ Address
_____ Telephone
_____ Miles from Lodging to Airport
_____ Approximate Taxi Cost

Please check the days your company is open for business<sup>[26]</sup>:

- SU    M    TU    W    TH    F    SA

Submit completed form and fee to:

Accreditation Department  
The National Board  
1055 Crupper Ave.  
Columbus, OH 43229-1183

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

<b>Office Use Only:</b>
Date: _____ Hotel _____ Confirmation number _____

## Guide for Completing Application for National Board “NR” Certificate of Authorization

- [1] Check this box if this is an application for your first “NR” *Certificate of Authorization*.
- [2] Check this box if this is an application for a renewal of an existing “NR” *Certificate of Authorization*.
- [3] Check this box if this is an application for a revision of an existing “NR” *Certificate of Authorization*.
- [4] Print the name of the applicant exactly as it should appear on the *Certificate of Authorization*. Pay close attention to punctuation and capitalization.
- [5] Supply the exact abbreviation used for marking or stamping as required by the NBIC. For example, Acme Building Company may use ABC as its name for stamping.
- [6] Include all items and services which describe the intended scope of activities under this *Certificate of Authorization*.
- [7] Name of Authorized Inspection Agency.
- [8] If you are revising your current certificate, your Authorized Inspection Agency should sign and date to confirm acceptance of your revised Quality System of must acknowledge acceptance of the revision in writing.
- [9] Supply effective dates of the contract with the AIA as applicable.
- [10] Signature of authorized representative of the applicant as stated in RA-2360(a) of the NBIC.
- [11] Date signed by authorized representative.
- [12] Print name of authorized representative who signed [10].
- [13] Physical address listed on the *Certificate of Authorization* (shop).
- [14] City, state, province, territory, country, postal code of physical address.
- [15] Mailing address if different than the physical address on the *Certificate of Authorization*.
- [16] City, state, province, territory, country, postal code of mailing address.
- [17] Print the name of the primary contact within the applicant’s organization.
- [18] Telephone number of applicant.
- [19] Fax number of applicant.
- [20] Email address (that is constantly monitored) of applicant.
- [21] Applicant’s Web site address.
- [22] Print the city of the recommended airport.
- [23] Print the name of the airport or airport code.
- [24] Provide complete contact information for the first hotel choice.
- [25] Provide complete contact information for the second hotel choice.
- [26] Check the days of the week your company is open for business, and therefore, may be reviewed.