

## National Board "R" or "NR" Certificate of Authorization Revision Request Application

*This form is to be used to revise the name, location or scope of your current certificate.*

Certificate Type being revised:     "R"     "NR"    Certificate Number: \_\_\_\_\_

Does your company hold an ASME Certificate of Authorization?     Yes     No

**FULL COMPANY NAME AND PHYSICAL ADDRESS** (exactly as it appears on your current Certificate of Authorization):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Revision Type:     \*Name Change (including abbreviation)     Scope Change     \*\*Location Change (a review at your new location may be required based on Jurisdictional requirements)

**REQUESTED REVISION** (for a name and/or location change, provide the information exactly as it appears in your QC Manual):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*For name changes: Requested Abbreviation (when applicable): \_\_\_\_\_

\*\*For location changes: Mailing address (if different than your physical address): \_\_\_\_\_

Distance from previous location (in miles): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_  
Signature of Authorized Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Company Representative

\_\_\_\_\_  
Printed Title of Authorized Company Representative

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**AUTHORIZED INSPECTION AGENCY ACCEPTANCE** - By signing this form, you, the AIA Representative, acknowledge that the above changes have been reviewed and accepted in the Company's Quality Control Manual.

X \_\_\_\_\_  
Signature of Authorized Inspection Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Inspection Agency Representative

\_\_\_\_\_  
Authorized Inspection Agency Name

**Along with this form, and before the revised certificate can be issued, you will need to submit:**

- A copy of the cover page of your QC Manual reflecting the applicable change(s).
- Revision fee in the amount of \$50.00 USD.  
Payment can be made by Credit Card, Check or Wire Transfer. For security reasons, **we DO NOT accept credit card payments via email.** If you prefer this method of payment, please call the National Board Accounting Department at 614.888.8320 ext. 217 or fax your credit card information, along with this form, to 614.985.4615.

**NOTE:** You should continue using the company name that appears on your current Certificate of Authorization when stamping repaired/altered items and completing R forms until the revised certificate is issued.

This form may be submitted by Email: [repairstamp@nationalboard.org](mailto:repairstamp@nationalboard.org), Fax: 614-847.1828 or Mail: The National Board, Attn: Accreditations Department, 1055 Crupper Avenue, Columbus, OH 43229

<b>NATIONAL BOARD USE</b>	Company ID#
	Amount Paid
	Date
	Check No/Type of Payment