

**APPLICATION FOR THE NATIONAL BOARD CERTIFICATE OF ACCREDITATION/ACCEPTANCE FOR
AUTHORIZED INSPECTION AGENCIES (AIA'S), FEDERAL INSPECTION AGENCIES (FIA'S) AND
OWNER USERS (OUIO'S)**

APPLICATION INSTRUCTIONS:

1. This application is a writable PDF. Please download the application document and save it on your computer. You can then open the application, type in your information, and print the application form. **Any application filled in on the online view will not be saved. All applications must be typed and may be emailed, faxed, or mailed to the National Board.**
2. Enter the company name as it will appear on the Certificate of Accreditation/Acceptance & Commission cards. (Punctuation, spacing and capitalization of the name are important)
3. If you are applying for more than one certification, please submit separate applications for each.
4. Be sure to include a current email address for the company's primary contact. All National Board correspondence will be sent to this address.
5. Be sure to keep a copy of the completed application submitted to the National Board.

ADDITIONAL INSTRUCTIONS:

FOR ALL PROVISIONAL APPLICANTS:

Along with this application you will need to submit an UNCONTROLLED copy of your Quality Control Manual.

FOR NB-360

Once your review has been successfully completed, and you have received your ASME Certificate of Accreditation (new or renewal), you will need to submit a copy of the certificate to the National Board. The NB-360 Certificate of Acceptance, cannot be issued until this is received.

FOR ALL APPLICANTS:

Once your review has been successfully completed, you will need to submit a CONTROLLED copy of your Quality Control Manual.

SUBMIT APPLICATION & ANY SUPPORTING DOCUMENTS TO:

Email: accreditation@nationalboard.org or Mail: The National Board of Boiler and Pressure Vessel Inspectors
Attention: Accreditation Department
1055 Crupper Avenue
Columbus, OH 43229-1183

| Application Type (choose one): | | Applying For (choose one): | |
|--------------------------------------|----------------------------------|--|---|
| <input type="checkbox"/> Provisional | | <input type="checkbox"/> New Construction (Reference NB-360) | <input type="checkbox"/> Inservice Inspection (Reference NB-369) |
| <input type="checkbox"/> New | <input type="checkbox"/> Renewal | <input type="checkbox"/> Owner User (Reference NB-371) | <input type="checkbox"/> Federal Inspection Agency (Reference NB-390) |

Check all requested scope activities that apply:

- Inservice Inspection (only applicable to NB-369, NB-371 & NB-390)
- New Construction Inspections (only applicable to NB-360)
- Acceptance Inspection of Repairs and Alterations

Company name and address listed in this section should be listed exactly as it appears in your Quality Control Manual and exactly as it will appear on your Certificate with this issuance.

Company Name: _____

Division (if applicable): _____

Physical Address

Mailing Address (if different from physical address)

Does this application include a location change from your previously issued Certificate? NO YES

If YES - address on current certificate: _____

Does this application include a name change from your previously issued Certificate? NO YES

If YES - company name on current certificate: _____

Primary Contact Information:

(First and Last Name)

(Title)

(Telephone Number)

(Email Address)

(Fax Number)

(Company Web Address)

BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT YOU AGREE TO THE TERMS ON PAGE 3 OF THIS APPLICATION.

X _____
Signature of company's authorized representative

Date

Print the name of company's authorized representative

Print the title of company's authorized representative

The applicant agrees:

- To meet the requirements of NB-381, *Quality Program for Inspection Organizations*.
- To meet the requirements of NB-263, RCI-1, *Rules for Commissioned Inspectors*.
- That the Certificate of Accreditation/Acceptance will be used only by the named certificate holder and in the manner prescribed in NB-381.
- To notify the National Board of any organizational name or address changes (physical or mailing)
- That the National Board may perform audits or unannounced visits, at the certificate holder's expense, as deemed necessary to assure compliance with the rules of the National Board and the certificate holder's quality program.
- To surrender the certificate should the certificate holder discontinue the scope of activities, or at the request of the National Board.
- When applicable, to be authorized by a jurisdictional authority that has responsibility for administering the boiler and pressure vessel laws in one jurisdiction in which the AIA is operating (with the exception of NB-360's).

This section is not applicable to NB-360 applicants

The Following information will be helpful to the National Board Scheduling Coordinator in planning the site survey.

Recommended Hotel/Motel for Review Team

First Choice:

Hotel/Motel Name

Address

Telephone

Miles from airport to lodging

Miles from lodging to shop (review location)

Second Choice:

Hotel/Motel Name

Address

Telephone

Miles from airport to lodging

Miles from lodging to shop (review location)

Recommended Airport

Name of Airport:

Three Letter Airport Code: _____

City:

Do you recommend renting a car?

_____ **YES** _____ **NO** – If No, please complete →

Alternate mode of transportation:

Please mark the days and hours of the week that your company is open for business:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours of Operation: _____

In accordance with NB-263, RCI-1, *Rules for Commissioned Inspectors*, please list a **minimum of 2 Inspectors, one of which must be a Supervisor/Technical Manager, however named.**

Supervisors/Technical Managers responsible for inspection activities:

Name: _____

Name: _____

Title: _____

Title: _____

Commission Number: _____

Commission Number: _____

Endorsement(s): _____

Endorsement(s): _____

Inspectors:

Name: _____

Name: _____

Title: _____

Title: _____

Commission Number: _____

Commission Number: _____

Endorsement(s): _____

Endorsement(s): _____

Name: _____

Name: _____

Title: _____

Title: _____

Commission Number: _____

Commission Number: _____

Endorsement(s): _____

Endorsement(s): _____

Name: _____

Name: _____

Title: _____

Title: _____

Commission Number: _____

Commission Number: _____

Endorsement(s): _____

Endorsement(s): _____

Name: _____

Name: _____

Title: _____

Title: _____

Commission Number: _____

Commission Number: _____

Endorsement(s): _____

Endorsement(s): _____