

REPLACEMENT OF STAMPED DATA FORM, NB-136

in accordance with provisions of the *National Board Inspection Code*

SUBMITTED TO: _____ (name of jurisdiction) _____ (P.O. no., job no., etc.)

(address)

(telephone no.)

SUBMITTED BY: _____ (name of owner, user, or certificate holder)

(address)

(telephone no.)

1. MANUFACTURED BY: _____ (name)

(address)

2. MANUFACTURED FOR: _____ (name)

(address)

3. LOCATION OF INSTALLATION: _____ (address)

4. DATE INSTALLED: _____

5. PREVIOUSLY INSTALLED AT: _____

6. MANUFACTURER'S DATA REPORT ATTACHED: NO YES

7. ITEM REGISTERED WITH NATIONAL BOARD: NO YES, NB NUMBER _____

8. ITEM IDENTIFICATION: _____ (type) _____ (mfg. serial no.) _____ (jurisdiction no.) _____ (year built)

(dimensions)

(MAWP psi)

SAFETY RELIEF VALVE SET AT: _____ (psi)

9. COMPLETE THE REVERSE SIDE OF THIS REPORT WITH A TRUE FACSIMILE OF THE LEGIBLE PORTION OF THE NAMEPLATE.

10. IF NAMEPLATE IS LOST OR ILLEGIBLE, TRACEABILITY DOCUMENTATION, VERIFIED BY THE INSPECTOR SHALL BE ATTACHED TO THIS REPORT.

11. I REQUEST AUTHORIZATION TO REPLACE THE STAMPED DATA AND/OR NAMEPLATE ON THE ABOVE DESCRIBED PRESSURE-RETAINING ITEM IN ACCORDANCE WITH THE RULES OF THE *NATIONAL BOARD INSPECTION CODE* (NBIC).

"R" CERTIFICATE HOLDER'S NAME: _____ NUMBER _____

SIGNATURE _____ DATE _____

VERIFICATION OF TRACEABILITY _____ NB COMMISSION _____
(Name of inspector)

12. AUTHORIZATION IS GRANTED TO REPLACE THE STAMPED DATA OR TO REPLACE THE NAMEPLATE OF THE ABOVE DESCRIBED PRESSURE-RETAINING ITEM.

SIGNATURE _____ (chief inspector or authorized representative) DATE _____

JURISDICTION (if available) OR NB COMMISSION NO. _____

THE FOLLOWING IS A TRUE FACSIMILE OF THE LEGIBLE PORTION OF THE ITEM'S ORIGINAL NAMEPLATE (if available). PLEASE PRINT. WHERE POSSIBLE, ALSO ATTACH A RUBBING OR PICTURE OF THE NAMEPLATE.

THE FOLLOWING IS A TRUE FACSIMILE OF THE ITEM'S REPLACEMENT STAMPING OR NAMEPLATE.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS IN THIS REPORT ARE CORRECT, AND THAT THE REPLACEMENT INFORMATION, DATA, AND IDENTIFICATION NUMBERS ARE CORRECT AND IN ACCORDANCE WITH PROVISIONS OF THE NATIONAL BOARD INSPECTION CODE.

"R" CERTIFICATE HOLDER _____ NUMBER _____

SIGNATURE _____ DATE _____
(authorized representative)

WITNESSED BY _____ EMPLOYER _____
(name of inspector)

SIGNATURE _____ DATE _____ NB COMMISSION _____
(inspector)