

## National Board "VR", "T/O", and/or "NB" Certificate of Authorization Name Change Application

**Certificate type (choose all that apply):**
 "VR"
  "T/O"
  "NB" →
 **NOTE TO "NB" CERTIFICATE HOLDERS: You must also submit a name change request to ASME.**

**Company name & address as it appears on your CURRENT Certificate(s) of Authorization:**

**Name change to:**

**Is this name change due to an Ownership Change?**
 Yes
  No

**IF YES**, by checking the box below, the new owners agree that they will take full responsibility for all work previously performed under this/these Certificate(s) of Authorization. If the new owners do not want to take responsibility for previous work performed under this/these Certificate(s), a new application (NB-550 and/or NB-504) will need to be submitted to apply for new Certificate(s) of Authorization.

**Yes, we accept responsibility**

**If your abbreviation for stamping or seal identification has changed due to this name change, please list below:**

Abbreviation for Stamping: \_\_\_\_\_

Seal Identification: \_\_\_\_\_

**Conditions**

- The "VR", "T/O" and/or "NB" Certificates, and applicable stamps/graphic shall be used only by the named company and in the manner prescribed in the *National Board Inspection Code (NBIC)* and NB-514, *Accreditation of "VR" Repair Organizations*, NB-528, *Accreditation of "T/O" Test Only Organizations*, and/or NB-500, *Criteria for Authorization to Apply the "NB" Mark to Pressure Relief Devices*, as applicable.
- The applicant agrees to provide a written description (in the English language) of the quality system for National Board acceptance. Supporting procedures and records referenced in this manual shall be adequately described and made available for review.
- The company agrees to continue using the company name that appears on the current *Certificate of Authorization* until the new Certificate is issued.

**By signing this form, you, the company representative, acknowledges that the information on this form is correct and that you have read and understand the conditions listed above.**

**X** \_\_\_\_\_

Signature of Authorized Company Representative

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name of Authorized Company Representative

\_\_\_\_\_

Printed Title of Authorized Company Representative

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

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

**Along with this form you must also submit:**

- A copy of the revised QC Manual(s), reflecting the name change.
- Revision fee in the amount of \$50.00 USD PER CERTIFICATE (proforma invoice can be emailed once this application is received).

**If you have any questions please contact the National Board Pressure Relief Department at [prd@nationalboard.org](mailto:prd@nationalboard.org)**

**Submit completed form to:**
[PRD@nationalboard.org](mailto:PRD@nationalboard.org)
 or
 National Board Testing Laboratory  
 7437 Pingue Drive  
 Worthington, Ohio 43085

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