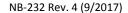


Deficiency Listing for Follow Up Action

Date(s) of Reviews	: <u></u>		-		
Company Name ar	nd Address:				
Name					
Division (when applicable)			Abb	Abbreviation (when applicable)	
Street					
City		State/Province	Country	Postal Code	
Each open deficienc	y should be listed on a sepa	urate NB-232			
Code Reference/ QCM Paragraph	No: DESCRIPTION OF DEFICII				
and acceptance by th		2 of this document sho	e of the requested Certificate wing the Authorized Inspection	of Authorization, pending receiption Agency has accepted the	
Team Leader Signature			Date		
Team Leader Printed Name			Team Leader Number		
Review Team Member (AIA) Signature			Date		
Review Team Member (AIA) Printed Name		e	Name of Authorized Inspection Agency		

IMPORTANT: Page 2 of this document should be completed by the Authorized Inspection Agency and submitted to the National Board **within 30 days of the last day of the review**, advising that the above listed deficiency has been corrected. If this form is not received within 30 days, the Certificate of Authorization will not be issued, and another review may be required.





Signature of AIA Representative

Company Name and Address:				
Name				
Division (when applicable)		Abbreviation (w	Abbreviation (when applicable)	
Street				
City	State/Province	Country	Postal Code	
Action taken to resolve deficient Indicate action taken to resolve of applicable Certificate of Authori	outstanding deficiency as a result of the	National Board review for is	ssuance of the	
Deficiency No				
AIA Representative Contact Info	ormation:			
Printed Name:				
Email:	Phone	e:		
Authorized Inspection Agency:				

Completed NB-232 should be emailed to The National Board Accreditation Department at repairstamp@nationalboard.org.

Original should be kept with the AIA.

A copy should be given to the Company.

Date