

## Application for RENEWAL of National Board Team Leader

### APPLICANT'S CONTACT INFORMATION

**NAME:** \_\_\_\_\_  
(First) (Middle) (Last)

**PHYSICAL ADDRESS:**

**MAILING ADDRESS (if different from physical):**

**PRIMARY PHONE:** \_\_\_\_\_

**HOME**

**CELL**

**EMAIL:** \_\_\_\_\_

**ASME Team Leader Number:** \_\_\_\_\_ **ASME Team Leader Expiration Date:** \_\_\_\_\_

**National Board Team Leader Number:** \_\_\_\_\_

<u>Employer (choose one)</u>	<u>Team Leader Scope (check all that apply)</u>		
Jurisdiction	"R" Reviews	AIA Reviews	Test Only (TO)
Independent NB Consultant	"NR" Surveys	FIA Reviews	Test Witnessing (TW)
Independent ASME Consultant	"VR" Reviews	OUIO Reviews	Device Selection (DS)
National Board	Flow Lab Reviews		

### EMPLOYER CONTACT INFORMATION (Not required for independent consultants)

**EMPLOYER:** \_\_\_\_\_

**PHYSICAL ADDRESS:**

**MAILING ADDRESS (if different from physical):**

**SUPERVISOR:** \_\_\_\_\_  
(Name) (Title)

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

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### MAINTENANCE OF QUALIFICATION

#### ACTIVITY PARTICIPATION

National Board Team Leaders shall maintain their proficiency by conducting in at least one review, device selection process, or test witnessing or similar activity as appropriate with the qualifications, every twelve months.

**In the table below, list one conducted activity per 12-month period, in chronological order.**

Company Name	Company Location	Scope of Activity*	Date of Activity
1.			
2.			
3.			
4.			
5.			

\* Scope of Activity examples: ASME “UV” Shop Review, National Board “R” Shop Review, Test Witness, Device Selection, etc. For Shop Reviews, make sure to list the exact designator(s) and/or certificate(s) that were reviewed.

#### TRAINING

Each National Board Team Leader, at least once every two years, is required to attend a refresher course to review revisions and changes that affect quality programs, auditing methods, new technologies, the NBIC, the ASME BPV Code and/or related subjects. A 6-month grace period is permitted per NB-290, 5.2.

**In the table below, list one refresher course attended per two-year period, in chronological order.**

Description of Refresher Training	Location of Training	Date of Training
1.		
2.		
3.		

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**EVALUATION**

Each National Board Team Leader shall be evaluated by a qualified National Board Team Leader at least once every 36 months.

**In the table below list each evaluation conducted, in chronological order, during the past 5 years.**

	Date of Evaluation	Conducted By and Title
1.		
2.		
3.		
4.		
5.		

**CERTIFICATION BY APPLICANT**

I certify that the above statements are true:

\_\_\_\_\_

(Applicant Signature)

\_\_\_\_\_

(Date)

**EMPLOYER CONCURRENCE (Not required for independent consultants)**

I have reviewed this application and concur with the information as presented:

\_\_\_\_\_

(Employer Signature)

\_\_\_\_\_

(Date)

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**NATIONAL BOARD USE ONLY:**

This application has been reviewed, and I certify that the applicant has met all the maintenance requirements for renewal:

\_\_\_\_\_

(Manager of Technical Services Signature)

\_\_\_\_\_

(Date)