

## APPLICATION FOR THE NATIONAL BOARD "VR" AND/OR "T/O" CERTIFICATE OF AUTHORIZATION

APPLYING FOR: T/O BOTH **APPLICATION TYPE (CHECK ONE):** NEW RENEWAL **LOCATION CHANGE** SCOPE CHANGE Company name and address listed in this section should be listed exactly as it appears in your QC Manual and exactly as it will appear on your Certificate of Authorization(s) with this issuance. Company Name: \_\_\_ Division (if applicable): Requested Abbreviation for Nameplate (if applicable): Seal Identification: **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: \_\_\_\_ Is this name change due to an Ownership Change? By checking the box below, the new owners agree that they will take full responsibility for all work previously performed under the "VR" and/or "T/O" Certificate of Authorization. If the new owners do not want to take responsibility for previous work performed under the "VR" and/or "T/O" Certificate, an NB-550 form will need to be submitted to apply for a **NEW** "VR" and/or "T/O" Certificate of Authorization. YES, WE ACCEPT RESPONSIBILITY. Check All Requested Scopes (check all that apply): VR SCOPE: T/O SCOPE: Location: Shop Field Shop & Field Location: Shop Field Shop & Field ASME Code Designator(s): V UV ASME Code Designator(s): V ΗV UV NV HV Air/Gas Liquid Test Media: Air/Gas Test Media: Steam Steam Steam Steam Liquid (Field Only) (Field Only) Special NBIC Provision(s): Special NBIC Prevision(s): NB-514, 5.0 Repairs by Manufacturer NB-528, 6.0 Testing by Manufacturer Part 4, 4.6.2 Repairs by Owner/User (UV Steam tested on Air) UV Steam valves tested on Air Conversion per Part 4, 4.2b) Alternate Verification testing per NB-528, 11.0\* Alternative Testing per NB-514. 11.0\* Part 4, 4.10 Use of Personnel not in the Certificate Holder's Employ \*All valves exceed lab limits **Special Process:** Welding Welding (by "R" Holder) NDE\* Machining **Heat Treatment** \*if NDE is chosen, specify the method(s) to be used: UT PT ET NRT LT ΑE



Primary Contact:	Alternate Contact:
First Name:	First Name:
Last Name:	Last Name:
Title/Position:	Title/Position:
Email:	
Phone:	Phone:
General Company Information:	
Company Phone:	Company Email:
Company Website:	
Ferms and Conditions:	
the expiration of the Certificate. The company of (when applicable).  The National Board member jurisdiction or the of the National Board.  Applicant attests that they can repair and/or test application.  The applicant agrees to provide a written described records referenced in this manual shall be adequived in the selection of the applicant understands that a National Board demonstration shall include the selection of rand and type of valves to be selected for verification.  Applicants should contact their chosen NB/ASM	ing: Depresentative will evaluate an implementation demonstration of the quality system at their location. This production sample pressure relief devices, which will be tested later at an accepted testing facility. The number ing is specified in the National Board document, NB-514 and/or NB-528. Compared testing Laboratory for a current schedule of fees.
accept the Terms, Con	at the information on this application is correct. You also acknowledge and ions, Implementation Demonstration, and Testing listed above.
Signature of Company's Authorized Representative	Date

**Submit completed application to:** or the application can be mailed to:

prd@nbbi.org

National Board Testing Lab 7437 Pingue Drive Worthington, Ohio 43085

documents can be found on the National Board website: www.nbbi.org

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