

The Industrial Commission of Arizona
 Division of Occupational Safety and Health
BOILER SAFETY SECTION
 800 West Washington Street
 Phoenix AZ 85007-2922



**REQUEST FOR CERTIFICATE INSPECTION OF INSTALLATION OR
 REINSTALLATION OF BOILER OR FIRED PRESSURE VESSEL**

An owner, user or licensed contractor must request a Certificate Inspection prior to installing or reinstalling a boiler or a fired pressure vessel in the State of Arizona in accordance with R20-5-408, R20-5-404B, and R20-5-419.

The following provisions must be met or your request will not be accepted:

1. The boiler or fired pressure vessel must be constructed in a manner which meets the standards of the Arizona Boiler Rules: R20-5-404 or R20-5-418 (R20-5-418 requires a variance request).
2. The owner, user or licensed contractor shall have on-site the Manufacturer's Data Report for the boiler and/or fired pressure vessel, comply with the clearances requirements stipulated in R20-5-404B3. Clearance requirements for boiler sides not requiring access may be waived, but must meet manufacturer's documented minimum clearance/installation requirements.
3. The installer holds a current contractor's license issued pursuant to Chapter 10, Title 32 §32-1122 of ARS, which authorizes the licensee to install boilers or fired pressure vessels.

OWNER OR USER _____ PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

INSTALLATION NAME/LOCATION _____

CITY _____ STATE _____ ZIP CODE _____

TENTATIVE INSTALLATION DATE _____ TENTATIVE START-UP DATE _____

DOES OWNER/USER CARRY BOILER/PRESSURE VESSEL INSURANCE? YES NO

IF YES, WHO IS THE INSURANCE CARRIER'S NAME (NOT AGENT'S NAME) _____

IS THIS OBJECT REPLACING AN EXISTING OBJECT? YES NO IF YES, GIVE ID#(S) OF

OBJECT(S) BEING REPLACED: AZ# _____ NB# _____

<u>Vessel Description</u>	<u>Mfg's Name</u>	<u>NB Number</u>	<u>Date of Mfg.</u>	<u>MAWP/Temp</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Note: above information is found on manufacturer's data plate and/or Manufacturer's Data Report.

NB: National Board number, MAWP - Maximum Allowable Working Pressure
 AZ: Arizona issued number;

Name of Firm (Installer) _____ State Contr. Lic. No. _____

Complete Mailing Address _____

City: _____ State _____ Zip Code _____

Telephone: _____ Fax: _____ Date: _____

Contact Person/Title On-site: _____ Telephone: _____

Signature: _____ Title: _____

FOR OFFICE USE ONLY

REQUEST: Accepted _____ Denied _____ By _____ Date _____