

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



REQUEST FOR INSPECTION OF A NON-WELD ALTERATION OR REPAIR OF A BOILER OR  
 FIRED PRESSURE VESSEL

An owner, user or licensed contractor must request an Inspection prior to performing an alteration or repair of a boiler or a fired pressure vessel in the State of Arizona in accordance with R20-5-404.B, and R20-5-406.

OWNER OR USER \_\_\_\_\_ PHONE \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 BOILER/FIRED PV LOCATION \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 TENTATIVE ALTERATION/REPAIR DATE \_\_\_\_\_ TENTATIVE START-UP \_\_\_\_\_  
 DOES OWNER/USER CARRY BOILER/PRESSURE VESSEL INSURANCE? YES NO  
 IF YES, WHO IS THE INSURANCE CARRIER'S NAME (NOT AGENT'S NAME) \_\_\_\_\_  
 PURPOSE OF ALTERATION/REPAIR: \_\_\_\_\_

<u>Object Description</u>	<u>Mfg's Name</u>	<u>AZ Number</u>	<u>NB Number</u>
<u>Boiler/Wtr.Htr./FPV</u>			
		AZ: Arizona issued number	NB: National Board number

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

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: \_\_\_\_\_  
 Submitter Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

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FOR OFFICE USE ONLY

REQUEST: Accepted \_\_\_\_\_ Date \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Title \_\_\_\_\_