

Official Use Only

Approved _____
Chairman's Initials

Denied _____

Contingent _____
Chief's Contingent Approval

License Number Assigned _____



Department of
**Labor & Workforce
 Development**

Workplace
 Regulations & Compliance

Boiler Unit
 220 French Landing Drive
 Nashville, TN 37243
 (844) 224-5818
 (615) 532-1469 Facsimile

**APPLICATION
 FOR LICENSE TO ENGAGE IN THE ERECTION, REPAIR, AND/OR ALTERATION
 OF BOILERS AND PRESSURE VESSELS IN THE STATE OF TENNESSEE**

State of Tennessee Board
 of Boiler Rules
 Attn: Chief Boiler Inspector
 220 French Landing Drive
 Nashville, TN 37243

Date _____

I _____, representing
Applicant's Name
 _____, am applying
Company Name

for a license to engage in the erection, repair, and/or alteration of boilers and pressure vessels in the State of Tennessee. I/We enclose herewith a check for \$100.00 payable to the Department of Labor and Workforce Development, to cover application and license fee.

- 1) Enter name and location address of Firm or Corporation as shown on the National Board and A.S.M.E Certificates of Authorization, please include telephone number, fax number and email address (where applicable).

Company Name:

Street Address:

City: _____ *State:* _____ *Zip:* _____

Telephone:

Fax:

Email Address:

2) Enter mailing address information if different than location address

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____

Email Address: _____

3) What is the name and title of the individual within your company responsible for your Quality Control program?

Name: _____ Title: _____

- 4) Does your company possess a repair license from any other state or jurisdiction? YES
If yes, please list the state or jurisdiction below or attach a copy of the license(s) NO

- 5) Has your company ever possessed a license from this unit? YES
 NO
Tennessee License Number _____

- 6) Has your company ever been denied a license from a state or jurisdiction? YES
If yes, please indicate the state or jurisdiction, and the reason for denial on a separate letter to the Board. NO

- 7) Does your company possess a Mechanical Contractors License issued by the State of Tennessee? YES NO

If yes, indicate TN Contractors Number _____

It is a requirement by State law and the Tennessee Department of Commerce and Insurance that any erection, installation, repair, or alteration to a boiler or pressure vessel within the State of Tennessee that is in excess of \$25,000, the company involved in the erection, installation, repair, or alteration must possess a Mechanical Contractors License issued by the Department of Commerce and Insurance, Licensing Contractors Board.

- 8) Has your company ever been denied a contractors license or Certificate of Authorization, or had either suspended or revoked, by Tennessee, the A.S.M.E., National Board, or any other state or jurisdiction? YES NO

If yes, please indicate the state or jurisdiction, and the reason for denial, suspension or revocation on a separate letter to the Board.

9) Are you and your company familiar the following documents?

- a) Tennessee Code Annotated (T.C.A.), Title 68, Chapter 122 (Tennessee Law) YES NO
- b) Tennessee Board of Boiler Rules and Regulations (Chapter 0800-3-3) YES NO
- c) A.S.M.E. Construction Codes YES NO
- d) National Board Inspection Code (NBIC) YES NO

10) Does your company intend to engage in the erection of boilers and/or pressure vessels within the State of Tennessee? YES NO

If so, attach a copy of your A.S.M.E. Certificates of Authorization and indicate which stamps your company possesses and their expiration date(s).

S PP A E M H HLW U U2 U3 N NA NPT
 Expiration
 Date(s) _____

11) Does your company intend to engage in the...

- a) *Repair of boilers and/or pressure vessels within the State of Tennessee?* YES NO
- b) *Alteration of boilers and/or pressure vessels within the State of Tennessee?* YES NO

If so, attach a copy of your National Board Certificate of Authorization and indicate its expiration date and scope of certificate.

National Board Certificate Expiration Date _____

Certificate Scope Shop Only Field Only Shop and Field

12) Who is your company's Authorized Inspection Agency of record? _____

AFFIDAVIT

State of _____

County of _____

_____ being duly sworn, states that he or she is the

_____ of _____,
and that the representations and statements made in the foregoing Application are true to his or her own knowledge as of the date of this Affidavit.

Signature _____ Date _____

Sworn to before me this _____ day of _____, 20 _____

Notary Public

My commission expires on _____

the day of _____, 20 _____