



**DEPARTMENT OF FINANCIAL SERVICES**  
 Division of State Fire Marshal – Bureau of Fire Prevention – Boiler Safety Program

**APPLICATION FOR ORIGINAL AND RENEWAL CERTIFICATE OF COMPETENCY FOR  
 SPECIAL BOILER AND DEPUTY BOILER INSPECTORS**

**Return To:** State Fire Marshal Office  INITIAL APPLICATION  
 Boiler Safety Program  RENEWAL APPLICATION  
 200 East Gaines Street **“Check One”**  
 Tallahassee, FL 32399-0342

In compliance with Chapter 554, Florida Statutes, application is hereby made for the issuance of a Certificate of Competency for our employee to inspect boilers within the State of Florida.

Applicant Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
 Number Street City State Zip Code

NAIC Company Code: \_\_\_\_\_ Telephone Number: ( \_ \_ ) \_\_\_\_\_ - \_\_\_\_\_  
 (\*\* Only for \*\* National Association of Insurance Commissioners, NB-369 Companies/Inspectors)

Inspector Employee Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Number Street City State Zip Code

Email Address: \_\_\_\_\_

Telephone Number: ( \_ \_ ) \_\_\_\_\_ - \_\_\_\_\_

Inspector’s National Board Commission Number: \_\_\_\_\_

**A photocopy of the Inspector’s current National Board Commission Card must accompany this Application.**

**NB-369 “Professionally Liability Insurance Coverage” (certificate/letter) must accompany this application).** Section 554.1021(2)(c), F.S., states that DFS shall by rule require an inspection agency accredited in accordance with the NBBPVI’s program in NB-369 to maintain financial security adequate to indemnify the owner of a boiler if such agency’s negligence or failure to inspect an uninsured boiler results in a loss.

**Date NB Commission Examination “Passed” \_\_\_\_\_**

An applicant for a Special Boiler Inspector and Deputy Boiler Inspector Certificate of Competency must have three years of experience in the construction, installation, inspection, operation, maintenance, or repair of high pressure, high temperature water boilers

**All Certificates expire on December 31<sup>st</sup>, regardless of the Issue Date.**

**I certify that the applicant has taken the 2 Hour Boiler Safety training course.  
 I certify that the contents of this application are true and correct.**

Applicant Company Name \_\_\_\_\_  
 By: \_\_\_\_\_ (Signature required by manager/supervisor)  
 Date: \_\_\_\_\_ Title: \_\_\_\_\_

Upon receipt of application, an invoice in the amount of \$50 (initial application) or \$30 (renewal application) will be mailed to the business address. All fees must be paid before the Certificate of Competency will be issued.