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

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:	Return To:	Boiler Safety 200 East Gai	_	2			ALAPPLICATION IEWAL APPLICATION "Check One"
Business Address: Number						e for the iss	suance of a Certificate of
Number Street City State Zip Code NAIC Company Code: Telephone Number: ()	Applicant Comp	any Name:					
NAIC Company Code: Telephone Number: (Business Addres						
Inspector Employee Name:		Number	Street	City		State	Zip Code
Mailing Address: Number Street City State Zip Code	NAIC Company (** Only for ** I	Code: National Associati	on of Insurance	Tele _j Commissione	phone Numb rs, <u>NB-369 (</u>	oer: (<u>)</u> Companies	- /Inspectors)
Number Street City State Zip Code Email Adress: Telephone Number:	Inspector Emplo	yee Name:					
Email Adress: 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 repa of high pressure, high temperature water boilers All Certificates expire on December 31st, 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	Mailing Address	:					
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Applicant Company Name(Signature required by manager/supervisor) Date:Title:						ourse.	
Date:(Signature required by manager/supervisor) Title:	Applicant Comp	any Name		<u> </u>		.:	
	ъу: Date:		Title:	(S1	gnature requ	iirea by ma	mager/supervisor)

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.