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

I, , representing , am applying

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 $75.00 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:

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 ☐ NO

If yes, please list the state or jurisdiction below or attach a copy of the license(s)

5) Has your company ever possessed a license from this division?  ☐ YES ☐ NO

Tennessee License Number

6) Has your company ever been denied a license from a state or jurisdiction?  ☐ YES ☐ NO

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

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 ______