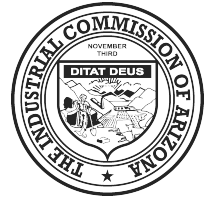


The Industrial Commission of Arizona  
Division of Occupational Safety and Health



BOILER SAFETY SECTION  
800 West Washington Street Phoenix AZ 85007-2922

NOTICE OF INSTALLATION OR REINSTALLATION  
OF BOILER OR FIRED PRESSURE VESSEL

An owner, user or licensed contractor must ensure that an authorized inspector performs a certificate inspection prior to installing or reinstalling a boiler or a fired pressure vessel in the State of Arizona in accordance with R20-5-408, R20-5-404B, and R20-5-419.

OWNER OR USER \_\_\_\_\_ PHONE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
INSTALLATION NAME/LOCATION \_\_\_\_\_

TENTATIVE INSTALLATION DATE \_\_\_\_\_ TENTATIVE START-UP DATE \_\_\_\_\_  
DOES OWNER/USER CARRY BOILER/PRESSURE VESSEL INSURANCE? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, WHO IS THE INSURANCE CARRIER'S NAME (NOT AGENT'S NAME) \_\_\_\_\_  
IS THIS OBJECT REPLACING AN EXISTING OBJECT? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, GIVE ID#(S) OF  
OBJECT(S) BEING REPLACED: AZ# \_\_\_\_\_ NB# \_\_\_\_\_  
AZ: Arizona issued number NB: National Board number

Vessel Description  
Boiler/Wtr.Htr./FPV \_\_\_\_\_ Mfg's Name \_\_\_\_\_ NB Number \_\_\_\_\_ Date of Mfg. \_\_\_\_\_ MAWP/Temp \_\_\_\_\_

MAWP - Maximum Allowable Working Pressure

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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: \_\_\_\_\_

Fax: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person/Title On-site: \_\_\_\_\_ Telephone \_\_\_\_\_

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

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

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FOR OFFICE USE ONLY

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