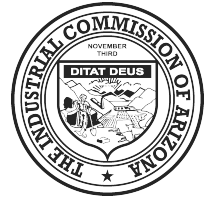


The Industrial Commission of Arizona
Division of Occupational Safety and Health



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: _____

FOR OFFICE USE ONLY

REQUEST: Accepted _____ Denied _____ By _____ Date _____