



# pennsylvania

DEPARTMENT OF LABOR & INDUSTRY

BUREAU OF OCCUPATIONAL & INDUSTRIAL SAFETY

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
C #: \_\_\_\_\_

**BLARC**

## Application to Take PA Boiler Inspector Commission Exam or Renew Commission

**Type of Application** (check appropriate box **and** attach copy of each item listed under type):

- |   |   |
|---|---|
| <input type="checkbox"/> <b>PA Inspector Commission Exam Application</b>  | <input type="checkbox"/> <b>Renewal of PA Inspector Commission</b>  |
| <ul style="list-style-type: none"> <li>■ Copy of valid National Board Commission card</li> <li>■ Copy of National Board Commission application</li> </ul> | <ul style="list-style-type: none"> <li>■ Copy of valid National Board Commission card</li> <li>■ Copy of PA Commission Credential card</li> </ul> |

### Applicant Information:

Name \_\_\_\_\_  
(First) (Initial) (Last)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer E-mail: \_\_\_\_\_

I am employed by (check appropriate box):

- A company that is authorized to insure boilers and unfired pressure vessels.
- A boiler or unfired pressure vessel owner that has authorized me to perform inspections on boilers or unfired pressure vessels that are involved in process operations.
- The Commonwealth of Pennsylvania.

**If applying to take PA Commission exam**, enclose check made payable to Commonwealth of Pennsylvania in the amount of **\$59.00** (\$44.00 for examination, plus \$15.00 for PA Commission Credential Card).

**If applying for PA Commission renewal**, enclose check made payable to Commonwealth of Pennsylvania in the amount of **\$15.00** for new PA Commission Credential Card.

Be sure to include the additional information listed above when mailing this application and your payment to the Department.

**By signing this form, I certify that the above information is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*For L&I  
Use Only*

Bates #

Check #

Amount \$

Department of Labor & Industry | BOIS CAL Division I 651 Boas Street, Room 1623 | Harrisburg, PA 17121-0750  
717.772.3396 | Fax 717.705.0196 | www.dli.state.pa.us/bois

*Auxiliary aids and services are available upon request to individuals with disabilities.  
Equal Opportunity Employer/Program*