

Name #	_____
Cert #	_____
Date	_____

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

<b>Application Type</b>	<p>Check appropriate box and attach copy of each item listed under type:</p> <p>PA Inspector Commission Exam Application <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>▪ Copy of valid National Board Commission card</li> </ul> <p>Renewal of PA Inspector Commission <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>▪ Copy of valid National Board Commission card</li> <li>▪ Copy of PA Commission Credential card</li> </ul>
<b>Applicant Information</b>	<p>Name _____ (First) (Initial) (Last)</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Date of Birth (MM/DD/YY) _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Telephone _____</p> <p>Email Address _____</p> <p>Current Employer Name _____</p> <p>Employer Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Employer Email Address _____</p> <p>I am employed by (check appropriate box):</p> <p>A company that is authorized to insure boilers and unfired pressure vessels. <input type="checkbox"/></p> <p>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. <input type="checkbox"/></p> <p>The Commonwealth of Pennsylvania. <input type="checkbox"/></p>
<b>Filing Requirements</b>	<p><b>FEE SCHEDULE:</b> For an up-to-date listing of fees, please see the Fee Schedule listed on our website (<a href="http://www.dli.pa.gov/Individuals/Labor-Management-Relations/bois">www.dli.pa.gov/Individuals/Labor-Management-Relations/bois</a>) or contact our office for a copy of the Fee Schedule by email <a href="mailto:CALBOIS@pa.gov">CALBOIS@pa.gov</a>, by telephone at 717-772-3396 or by fax at 717-705-0196.</p> <p><b>Be sure to include the required documentation listed above and the appropriate fee when mailing this application to the Department.</b></p>
<b>Signature</b>	<p>By signing this form, I certify that the above information is true and correct.</p> <p>Applicant Name (Printed or Typed): _____</p> <p>Applicant Name (Signed): _____</p> <p>Date Signed: _____</p>
<i>For L&amp;I Use Only</i>	<p>Check #: _____ Amount: \$ _____ Bates #: _____</p>