pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF OCCUPATIONAL & INDUSTRIAL SAFETY

File #	
Loc #	
PA Special #	
Date	

REQUEST FOR PA SPECIAL NUMBER

(ONE FORM FOR EACH BOILER/UNFIRED PRESSURE VESSEL REQUEST)

☐ **ACT 24 EXEMPTION**

Type or print legibly in blue or black ink all the information requested below

Owner Information	Name _____ Mailing address _____ _____ City _____ County _____ State _____ ZIP code _____ Phone _____ Fax _____ Email _____
Location Information	Name _____ Mailing address _____ _____ City _____ County _____ State **PA** ZIP code _____
Applicant Information	Name _____ Mailing address _____ _____ City _____ County _____ State _____ ZIP code _____ Phone _____ Fax _____ Email _____ All information provided on this application is subject to the penalties of 18 Pa. CS §4909, relating to unsworn falsification to authorities. Applicant Name (Printed) _____ Applicant Signature _____ Date _____
Boiler/ Unfired Pressure Vessel Data	Manufacturer name _____ Year constructed _____ Manufacturer serial # _____ MAWP _____ Is boiler/unfired pressure vessel ASME Code stamped? ☐ Yes ☐ No Data Report attached ☐ Yes ☐ No
Mandatory Documents	☐ Manufacturer Data Report **OR** documentation complying with 35 P.S. § 1331.7(b) of the Boiler and Unfired Pressure Vessel Law must be provided.
Filing Requirements	FEE SCHEDULE: For an up-to-date listing of fees, please see the Fee Schedule listed on our website (www.dli.pa.gov/Individuals/Labor-Management-Relations/bois) or contact our office for a copy of the Fee Schedule by email BOILERS@pa.gov, by telephone at 717-787-3806 option 3 or by fax at 717-705-7262. Submit all mandatory documents **and** a check or money order payable to **Commonwealth of Pennsylvania** along with this application to: **PA Department of Labor & Industry** **BOIS - Boiler Division** **651 Boas Street, Room 1606** **Harrisburg, PA 17121**
Boiler Division Approval	PA Special Number _____ Approved ☐ Yes ☐ No Signature of Boiler Division Director _____ Date _____
FOR L&I USE ONLY	Check #: _____ Amount: $_____ Bates #: _____

Auxiliary aids and services are available upon request to individuals with disabilities.
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