



# APPLICATION FOR INDIANA LICENSE AS A BOILER AND PRESSURE VESSEL (BPV) INSPECTOR

State Form 54684 (4-11)

Approved by State Board of Accounts, 2011



INSTRUCTIONS: Please type or print clearly.

I hereby apply for a Commission as Inspector of the following category or categories of equipment. (Please check all that apply.)

- Power Boilers     
  Low Pressure Heating Boilers     
  Hot Water Supply Boilers     
  Unfired Pressure Vessels

### APPLICANT INFORMATION

Name of applicant (last name, first name, middle name)		Age	Birthplace (city or town / state or country)
Address (number and street, city, state, and ZIP code)			
Are you a citizen of the United States of America?		Is this commission sought on a qualifying examination or reciprocal basis? (Please check one)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Qualifying Exam <input type="checkbox"/> Reciprocal	

### EMPLOYER INFORMATION

Name of employer	
Address of employer (number and street, city, state, and ZIP code)	
Name of person in charge of employer's inspection service	Title of person in charge of employer's inspection service
Applicant's business address with above employer (number and street, city, state, and ZIP code)	

Outline in detail the education and experience you have had that, in your opinion, will enable you to qualify as an efficient and competent inspector.

### EDUCATION

List in chronological order each high school, college, and university attended.

Name and Location of Institution	Years Attended	Course Pursued	Degree, If Any. Date Granted (month, day, year)

### BOILER AND UNFIRED PRESSURE VESSEL CONSTRUCTION EXPERIENCE

Name of Employer	Period of Employment (month, year)		Employed as
	From	To	

### BOILER AND UNFIRED PRESSURE VESSEL REPAIR OR MAINTENANCE EXPERIENCE

Name of Employer	Period of Employment (month, year)		Employed as
	From	To	

**BOILER AND UNFIRED PRESSURE VESSEL OPERATING EXPERIENCE**

Name of Employer	Period of Employment (month, year)		Employes as
	From	To	

**BOILER AND UNFIRED PRESSURE VESSEL INSPECTION EXPERIENCE**

Name of Employer	Period of Employment (month, year)		Employed as
	From	To	

Previous state or National Board examination taken (please specify the state)

Date of examination (month, day, year)

Commission obtained for inspection of:

Certificate number

**Falsification of any statement in this application is cause for rejection or for revocation of a commission, if granted.****CERTIFICATION OF APPLICANT**

I certify that the above statements are correct. I enclose herewith payment of the required application fee in the amount of: 1) \$100.00, if commission is to be by examination; 2) \$25.00, if commission is to be based on reciprocity or for annual renewal.

Signature of applicant

Date (month, day, year)

**CERTIFICATION OF NOTARY PUBLIC**

STATE OF \_\_\_\_\_

SS:

SEAL

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on this, the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Signature of notary public

Printed name of notary public

County of residence

Date commission expires (month, day, year)