



160 East 300 South, 3rd Floor
 PO Box 146620
 Salt Lake City, Utah 84114-6620
 (801) 530-6850

STATE SPECIAL COVER SHEET

Type of Equipment: Boiler Pressure Vessel Elevator

Type of State Special Request: Repair Alteration New Construction

This form must be filled out entirely; all available information must be provided. Incomplete requests will not be processed.

Requesting Organization:	Date:
Owner Contact Name and Title:	Mailing Address:
Owner Contact Phone:	
Owner/User Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, O/U Inspector Name:	

Location of Unit:	Company Designation:
	Location Address:

Current Utah Law Title 34A-7-101 and Rule 616-2-4 requires all boilers and pressure vessels operated within the state be constructed to the current ASME code and bear a National Board Registry Number.

The State of Utah Labor Commission, Division of Boiler and Elevator Safety is requiring that the owner or plant manager acknowledge via his/her signature that they are aware that unit referenced above is requesting designation as "State Special's" provided for in the State of Utah Boiler and Pressure Vessel Compliance Manual, Revision 11, Part II, Paragraph A-1 (Minimum Construction Standards) and if so designated may not be issued a Certification of Inspection and Permit to Operate.

Owner/Plant Manager Title:	
Print Owner/Plant Manager Name:	
Signature:	
Date Signed:	

<input type="checkbox"/> Formal Request Letter	<input type="checkbox"/> Form U-1 or U-1A	<input type="checkbox"/> Inspection Reports
<input type="checkbox"/> Code Drawings	<input type="checkbox"/> Supporting Documentation	<input type="checkbox"/> Form P-2
<input type="checkbox"/> Form P-4A or P-4B	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

State Special Number:		Date Received:	
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FOR USE BY THE LABOR COMMISSION ONLY

Location:		
Contact Name and Title:	Address:	Phone:
Hydrostatic Testing:		
Witnessed by:	Others present:	Date:
Engineering Review:		
Conducted by:	Others participating:	Date:
Other Testing:		
Type of Testing:	Conducted by:	Witnessed by:
Other Testing:		
Type of Testing:	Conducted by:	Witnessed by:
Review Complete:		
Review Begin Date:	Plan Review Conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Review Completion Date:

Reviewer	Recommendation	Signature	Date
<input type="checkbox"/> Boiler/Elevator Inspector	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
<input type="checkbox"/> Deputy Division Director	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
Final Disposition	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		

Division Director Signature

Date