160 E 300 S, 3rd Floor PO Box 146620 Salt Lake City UT 84114-6620 (801) 530-6850

CERTIFICATE OF COMPETENCY APPLICATION

I hereby apply for permission to take the examination to qualify as an approved Boiler/Pressure Vessel Inspector in the State of Utah. (First Name, Middle Initial, Last Name) Address: _____ City: _____ State: ____ Zip: _____ Home Phone: Alternate Phone: National Board/API Number: Endorsements Held (If any): Have you previously held a Certificate of Competency (C of C) in the State of Utah: Yes No If Yes, what was your Utah C of C Number: _____ When did it expire? _____ The following data and information is submitted with the certification that it is true and correct: Name of Present Employer: Employer Address: _____ Supervisors Name: Phone: Supervisors Mailing Address Supervisors email: Education: Previous State Examinations Taken: ____ **BOILER SHOP EXPERIENCE Period of Employment Employer's Name and Phone Position Held** From To To From

From

To

BOILER OPERATING EXPERIENCE

Employer's Name and Phone	Period of Employment		Position Held
	From	To	
	From	То	
	From	То	

BOILER INSPECTION EXPERIENCE

Employer's Name and Phone	Period of Employment		Position Held
	From	To	
	From	То	
	From	То	

Signed:	Date:	