

POWER BOILER REGISTRATION FORM

Date Received	STATE OF MAINE OFFICE OF LICENSING AND REGISTRATION BOARD OF BOILERS & PRESSURE VESSELS #35 STATE HOUSE STATION AUGUSTA, MAINE 04333 TEL# (207) 624-8606 FAX # (207) 624-8636 HEARING IMPAIRED # (207) 624-8563
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THIS FORM MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO INSPECTION DATE

CHECK ALL THAT APPLY:

Type of Installation: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Relocation <input type="checkbox"/> Package/Field Erection	Type of Boiler: <input type="checkbox"/> Firetube <input type="checkbox"/> Watertube	Boiler use: <input type="checkbox"/> Power <input type="checkbox"/> Process <input type="checkbox"/> Heating <input type="checkbox"/> Other: _____
<input type="checkbox"/> New Installation <input type="checkbox"/> Alteration	Requested Inspection Dates: Primary _____ Alternate _____	
Are data reports, building specifications, etc. available for review with this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, all required data reports must be available at the time of the inspection.	Has a variance been requested for this boiler installation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

COMPANY INSTALLING BOILER

Name:		
Mailing Address:		
City:	State:	Zip Code:
Contact Person:	Telephone: () -	

BOILER OWNER INFORMATION

Name:		
Mailing Address:		
City:	State:	Zip Code:
Contact Person:	Telephone: () -	

EQUIPMENT INFORMATION

Manufacturer:	Code of Construction:
National Board #:	Jurisdictional #:

BOILER LOCATION

Name of Building/Physical Location:		
City:	State:	Zip Code:
Name of Boiler & Machinery Insurance Company:		

