BOILER/PRESSURE VESSEL 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

CHECK ALL THAT APPLY:

Type of Installation: ❒ Boiler ❒ Pressure Vessel	**Type of Facility:**	**Object use:** ❒ Power ❒ Process ❒ Heating ❒ Other: _____
❒ New Installation ❒ Existing Installation	**Installation Dates:** **Start:** _____ **Completion:** _____	
Are data reports, building specifications, etc. available for review with this plan? ❒ Yes ❒ No If no, all required data reports must be available at the time of the inspection.		**Has a variance been requested for this installation?** ❒ Yes ❒ No

COMPANY INSTALLING OBJECT

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

BOILER/PRESSURE VESSEL OWNER INFORMATION

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

EQUIPMENT INFORMATION

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

BOILER/PRESSURE VESSEL LOCATION

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