



APPLICATION FOR CERTIFICATE OF COMPETENCY

						DATE	
LAST NAME	FIRST NAME	INITIAL	ADDRESS	CITY	STATE	ZIP	
EMPLOYER OR SPONSOR			ADDRESS	CITY	STATE	ZIP	
AGE	HEIGHT	WEIGHT	CHEST MEASUREMENT	PHYSICAL DEFECTS			

QUALIFICATIONS

Note: Read each part carefully. Answer all questions fully.

Your acceptability for a Certificate of Competency will be based on the information on this application.

1. EDUCATION:

CIRCLE THE HIGHEST GRADE YOU COMPLETED IN SCHOOL →				1	2	3	4	5	6	7	8	9	10	11	12	DATE COMPLETED		
NAME OF SCHOOL																GRADUATE? YES <input type="checkbox"/>		DATE COMPLETED
																NO <input type="checkbox"/>		
NAME OF COLLEGE OR UNIVERSITY						COURSE OF STUDY						YEARS COMPLETED		DEGREE				
												YES <input type="checkbox"/>						
												NO <input type="checkbox"/>						
UNIVERSITY GRADUATE STUDY												HRS. OR UNITS COMPLETED						
BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOLS						COURSE STUDIED						YRS. — MONTHS						
CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE OR LICENSES										MEMBERSHIP IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS								

2. EXPERIENCE:

BOILER & PRESSURE VESSEL SHOP EXPERIENCE		
Employer's Name	Period of Employment*	Employed as**
_____	From _____ To _____	_____
_____	From _____ To _____	_____
BOILER & PRESSURE VESSEL INSTALLATION EXPERIENCE		
Employer's Name	Period of Employment*	Employed as**
_____	From _____ To _____	_____
_____	From _____ To _____	_____
BOILER OPERATING EXPERIENCE		
Employer's Name	Period of Employment*	Employed as**
_____	From _____ To _____	_____
_____	From _____ To _____	_____
BOILER & PRESSURE VESSEL INSPECTION EXPERIENCE		
Employer's Name	Period of Employment*	Employed as**
_____	From _____ To _____	_____
_____	From _____ To _____	_____

*Give month and year of each period of Employment.

**Elucidate under remarks.

At present I hold a National Board Commission No. _____ (attach copy)

3. TRAINING UNDER A CERTIFIED INSPECTOR:

FROM	TO	NO. OF DAYS	NAME OF CERTIFIED INSPECTOR	EMPLOYER
TOTAL NO. OF DAYS				

4. Demonstrated an understanding of the Boiler & Fired Pressure Vessel Safety Orders and the Unfired Pressure Vessel Safety Orders.

_____ SENIOR SAFETY ENGINEER PRESSURE VESSEL UNIT _____ DATE _____

Were you ever arrested for or convicted of any offense other than speeding or unlawful parking of a motor vehicle? Yes No

If yes, explain _____

I certify that all the statements made in this application are true.

SIGNATURE OF APPLICANT

We the undersigned certify that the above named person is employed or about to be employed by us as an inspector. Pursuant to the terms of Section 7652 of the California Labor Code, we request that he/she be examined as to his/her fitness to hold a Certificate of Competency as an Inspector of

BOILERS

COUNTY, CITY, CORPORATION, OR COMPANY

_____ ADDRESS _____ CITY

SIGNATURE OF EXECUTIVE OFFICER

Oath of Allegiance

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

And I do further swear (or affirm) that I do not advocate, nor am I a member of any party or organization, political or otherwise, that now advocates the overthrow of the Government of the United States or of the State of California by force or violence or other unlawful means; that within the five years immediately preceding the taking of this oath (or affirmation) I have not been a member of any party or organization, political or otherwise, that advocated the overthrow of the Government of the United States or of the State of California by force or violence or other unlawful means except as follows:

and that during such time as I hold a Certificate of Competency of the State of California I will not advocate nor become a member of any party or organization, political or otherwise, that advocates the overthrow of the Government of the United States or of the State of California by force or violence or other unlawful means.

SIGNATURE OF APPLICANT

Taken and subscribed before me this _____ day of _____ 20 _____

SIGNATURE OF AUTHORIZED OFFICIAL

SIGNATURE OF APPLICANT