



**ARKANSAS DEPARTMENT OF LABOR AND LICENSING
BOILER INSPECTION SECTION
900 WEST CAPITOL SUITE 400 LITTLE ROCK, ARKANSAS 72201
501-682-4500 WWW.LABOR.ARKANSAS.GOV**

Application for Commission

I hereby make application for a Certificate of Competency and Commission as an Inspector of boilers and pressure vessels.

Please print or type the following Information:

First Name	MI	Last	Birthdate	Social Security #
Address Information				
Physical Address				
Mailing Address (If Different)				
			City	State
Email Address:				
Name of Employer (Company Name):				
Employer Street Address and / or P. O. Box			City	State
				Zip Code

1. EDUCATION		
Institutions Attended	Period of Attendance* (See National Board Bylaws, Article II)	Degree(s) Received (M.E., E.E., C.E., etc.)
	from to	
	from to	
2. BOILER AND PRESSURE VESSEL SHOP EXPERIENCE		
Employer's Name	Period of Employment*	Employed As
	from to	
	from to	
3. BOILER AND PRESSURE VESSEL INSTALLATION EXPERIENCE		
Employer's Name	Period of Employment*	Employed As
	from to	
	from to	
4. BOILER OPERATING EXPERIENCE		
Employer's Name	Period of Employment*	Employed As
	from to	
	from to	
5. BOILER AND 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.

6. National Board examination taken in:			
	State	Date	NB #

By the below signature, applicant certifies the above information is correct, and, further, agrees to abide by the Arkansas State Boiler Inspection Laws and Rules and Regulations, and the National Board Bylaws.

Signed:		Date:	
	(applicant's signature)		(date signed)
Certified Correct:		Date:	
	(Official of Authorized Agency)		(date signed)