



APPLICATION FOR COMMISSION AS A SPECIAL BOILER INSPECTOR



The employer of an applicant for a NEW or RENEWED Special Inspector Commission shall submit to the Chief Boiler Inspector:

- This FORM, and
- submits EVIDENCE that:
 - the Special Inspector applicant meets the standards imposed by the Maryland Boiler and Pressure Vessel Safety Act (attach PHOTOCOPY OF HIS NATIONAL BOARD COMMISSION CARD); and
 - the Special Inspector applicant remains in the employment of the employer (MANAGER'S SIGNATURE); and
 - the Special Inspector applicant HAS BEEN TRAINED on current boiler and pressure vessel TECHNOLOGY, INCLUDING THE LAWS AND REGULATIONS OF THE STATE; and
 - If the EMPLOYER IS AN AUTHORIZED INSURER THAT INSURES boilers and pressure vessels in the State, please attach PHOTOCOPY OF EMPLOYER'S LICENSE to insure boilers and pressure vessels in the State.
 - If the EMPLOYER IS A NON-INSURER please submit a Certificate of Insurance showing liability coverage related to the agency's inspectors performing inspections on boilers and pressure vessel units in Maryland.
- The employer will be invoiced a \$50 processing fee after the commission is processed.

A Special Inspector Commission EXPIRES 3/01/YY OF ODD NUMBER YEARS. The employer of the Special Inspector may APPLY TO RENEW BEFORE IT EXPIRES. The Commission terminates when the Special Inspector is no longer employed by the employer which submitted his most recent application for new or renewal. The EMPLOYER SHALL RETURN THE COMMISSION WITHIN 30 DAYS OF TERMINATION to the Chief Boiler Inspector.

- Refer to MD Code Public Safety Article 12-207 and Code of Maryland Regulations (COMAR). Please go to our website at <http://www.dllr.state.md.us/labor/safety/boil.shtml> and click the "Quick Link" on the right side of the page that reads "Maryland Boiler and Pressure Safety References and Publications", which will take you to these codes and regulations.

| EMPLOYEE | EMPLOYER |
|-------------------|---|
| Name: | Name: |
| Address: | Address: |
| City, State, Zip: | City, State, Zip: |
| | Authorized Insurer License Number and Expiration Date (**attach copy**) |

EDUCATION (give name, location, dates and degree/certificate, etc.)

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|----------------|
| High School: |
| College/Other: |

WORK EXPERIENCE (last 5 years related to boilers and pressure vessels. Give name, location, dates.

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|-----------|
| Employer: |
| Employer: |

LICENSES AND CERTIFICATES OF COMPETENCY (give agency, date, ID number)

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|----------------|
| High School: |
| College/Other: |
| |

TRAINING last 2 years related to TECHNOLOGY & MD LAWS & REGS. (give name, location, dates,

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|-------|
| Name: |
| Name: |

| | | | |
|-----------|--------------|-----------|------|
| EMPLOYEE: | | | |
| | PRINTED NAME | SIGNATURE | DATE |

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|-----------|------------------------------|---------------------------|------|
| EMPLOYER: | | | |
| | PRINTED NAME (MANAGER LEVEL) | SIGNATURE (MANAGER LEVEL) | DATE |