



State of New Hampshire

Department of Labor
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Extension Request Form

Boiler Certificate

RSA 157-A:8 & Administrative Rule Lab 1203.03

Please type or print clearly. Form must be complete. Incomplete forms will be returned to the inspector of record.

Date of Request:	Requested End Date of Extension:	Inspection Agency of Record:	State Number(s):	Other # (NB or Oth):
Owner:	Nature of Business:	Insp Type:	Cert. Insp:	
Owner Street Address:	Owners City:	State:	Zip:	
Users Name - Object Location:	Specific Location in Plant:	Object Location – County:		
Users Street Address:	Users City:	State:	Zip:	
Boiler(s) or Vessel(s):	Year Built:	Manufacturer:		
Maximum Allowed Working Pressure:	Pressure Relief Valve Pressure:			
Reason For Request Of Extension:				
Proposed Plan To Correct Failure:				
Additional Information:				
Name, Title, and Contact Information of Person Requesting Extension:				
<i>"As the inspector of record, I certify that the length of time requested for this extension will not jeopardize the safety of the general public."</i>				
Name:	NH ID#	Signature:	Date:	
I request this form be returned to me by <input type="checkbox"/> E-mail :				
<input type="checkbox"/> Mailing Address:				
To Be Completed by DOL:				
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Reason for Denial:		
Extension Granted until:				
Date of review: by:				