

State of New Hampshire

PO Box 2076 Concord, NH 03302-2076 http://www.nh.gov/labor

Phone: 603-271-2585 Email: B.E.Inspection@dol.nh.gov Fax: 603-271-2668

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.

Owner: Owner Street Address: Users Name - Object Location: Users Street Address: Boiler(s) or Vessel(s): Maximum Allowed Working Pressure Reason For Request Of Extension: Proposed Plan To Correct Failure: Additional Information: Name, Title, and Contact Information: "As the inspector of record, I certify Name: I request this form be returned to make the inspector of the completed by DOL: To Be Completed by DOL: □ Approve □ Deny R.	equested End Date of Extension: Inspection Agency of Record: State Num		State Number	ber(s): Other # (NB or Oth):		
Users Name - Object Location: Users Street Address: Boiler(s) or Vessel(s): Maximum Allowed Working Pressu Reason For Request Of Extension: Proposed Plan To Correct Failure: Additional Information: Name, Title, and Contact Informati "As the inspector of record, I certify Name: I request this form be returned to make the completed by DOL:		Nature of Business:	Insp	Type:	Cert. Insp:	
Users Street Address: Boiler(s) or Vessel(s): Maximum Allowed Working Pressu Reason For Request Of Extension: Proposed Plan To Correct Failure: Additional Information: Name, Title, and Contact Informati "As the inspector of record, I certify Name: I request this form be returned to make the completed by DOL:	Owner Street Address:		Owners City:		Zip:	
Boiler(s) or Vessel(s): Maximum Allowed Working Pressur Reason For Request Of Extension: Proposed Plan To Correct Failure: Additional Information: Name, Title, and Contact Information: "As the inspector of record, I certify Name: I request this form be returned to make the completed by DOL:	Users Name - Object Location:		Specific Location in Plant:		Object Location – County:	
Maximum Allowed Working Pressure Reason For Request Of Extension: Proposed Plan To Correct Failure: Additional Information: Name, Title, and Contact Information: "As the inspector of record, I certify Name: I request this form be returned to make the completed by DOL:	Users Street Address:		Users City:		Zip:	
Reason For Request Of Extension: Proposed Plan To Correct Failure: Additional Information: Name, Title, and Contact Informati "As the inspector of record, I certify Name: I request this form be returned to m	Year Built:	Manufacturer:				
Proposed Plan To Correct Failure: Additional Information: Name, Title, and Contact Informati "As the inspector of record, I certify Name: I request this form be returned to m To Be Completed by DOL:	ure:	Pressure Relief Valve Pressure:				
Additional Information: Name, Title, and Contact Information: "As the inspector of record, I certify Name: I request this form be returned to make the completed by DOL:	:					
Additional Information: Name, Title, and Contact Informati "As the inspector of record, I certify Name: I request this form be returned to m To Be Completed by DOL:						
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Name, Title, and Contact Informating "As the inspector of record, I certify Name: I request this form be returned to make to the completed by DOL:						
"As the inspector of record, I certify Name: I request this form be returned to m To Be Completed by DOL:						
"As the inspector of record, I certify Name: I request this form be returned to m To Be Completed by DOL:	Const. December 1					
Name: I request this form be returned to m To Be Completed by DOL:	tion of Person Requestii	ng Extension:				
I request this form be returned to m To Be Completed by DOL:	y that the length of time	requested for this extension will r	ot jeopardize the	safety of	the general public."	
I request this form be returned to m To Be Completed by DOL:						
To Be Completed by DOL:	NH ID#	Signature:			Date:	
-	ne by □E-mail :					
	☐ Mailing Addres	ss:				
□Approve □Deny R						
11	Reason for Denial:					
Extension Granted until:						
Date of review:	by:					

G45007-1 1-29-2020