

APPLICATION FOR AUTHORIZED AND REGISTERED INSPECTION AGENCY
NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF PUBLIC SAFETY AND OCCUPATIONAL SAFETY & HEALTH
MECHANICAL INSPECTION BUREAU OF BOILER AND PRESSURE VESSEL
COMPLIANCE (MIBB&PVC)
P.O. BOX 392
TRENTON, NJ 08625-0392

Jurisdiction Numbers Issued: _____ to _____

C of C Number Issued: _____

(Do not write above this line)

PLEASE PRINT IN INK OR TYPE

1. I submit this application for a Certificate of Competency in accordance with my experience stated on this form.

Applicant Name: _____ Phone No./Email Address: _____

Street Address: _____ City: _____ State: _____ Zip: _____

2. Employed by: _____ Type of AIA: ☐ ASME ☐ NB. – AIA No. _____
(Enter name of Authorized or Registered Inspection Agency- AIA or NB)

3. Address of Employer: _____ City: _____ State: _____ Zip: _____

4. List Type of License or
Other Certification(s)
Held

License or Certification Name	Classification or Type	Expiration Date	Certification No.

Note: Include copies of all
Certification documents when
submitting this application.

5. Type of Work Performed in NJ: ☐ Jurisdictional In-service | ☐ ASME ☐ NB – Describe Work: _____

6. Supervisor: _____ Title: _____ Phone No.: _____

7. Supervisor Address: _____ City: _____ State: _____ Zip: _____

8. Statement of Experience – List at least three, if applicable:

Employed By	Address	Position Held	Employment Period

9. This application must be forwarded to the Department of Labor and Workforce Development, Division of Public Safety and Occupational Safety & Health, MIBB&PVC, P.O. Box 392, Trenton, NJ 08625-0392.

10. The fee of **two-hundred (\$200.00) dollars**, in the form of check or money order, payable to the *Commissioner of LWD* **must** accompany this application. This application must be properly endorsed below.

I swear that the statements and endorsements given are true.

Subscribed and sworn to before me
this ____ day of _____ 2 ____

Applicant’s Signature/Date

Notary Public

My commission expires on: _____