

Department of Labor Workforce Development
 Mechanical Inspection Bureau of
 Boiler and Pressure Vessel Compliance
 P.O. Box 392
 Trenton, NJ 08625-0392
 PHONE (609) 292-2921
 FAX (609) 633-8413



PORTABLE EQUIPMENT OPERATING AUTHORIZATION

For Agency Use Only

BPVC _____
 Inspector ID#: _____
 Equipment Installed
☐ Boiler ☐ PV ☐ Refrigeration

Please Scan & Email to BPVRCCompliance@dol.nj.gov Web Address: <http://lwd.dol.state.nj.us/labor/lssc/content/bbpvc.html>

A Equipment Supplier

¹ Indicate Company FEIN #: _____

² Name of Equipment Co.	³ Street	⁴ City, State, Zip	
⁵ Contact Person	⁶ Fax No.	⁷ Phone No.	⁸ E-mail Address

B Rental Location Name

¹ Location Name:	² Street	³ City, State, Zip
⁴ Contact Name	⁵ Phone	¹⁰ Location Comments
⁶ Does location have Insurance Inspector <input type="checkbox"/> Yes <input type="checkbox"/> No	⁷ Insurance Company	
⁸ If "yes" has insurance inspector/company been Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	⁹ Name of Inspector contacted	

C Rental Equipment Information

ASME CSD-1, B-31.1 AND NBIC, NFPA, ASHRAE, IIAR REQUIREMENTS AS APPLICABLE				
¹ State Jurisdiction No.	² NB#	³ Certificate expiration Date	⁴ Length & width of rental	
⁵ Manufacturer	⁶ Use	⁷ Type of Vessel	⁸ MAWP	⁹ System Pressure
¹⁰ Energy Input/Output Capacity	¹¹ Identify Energy Type	¹² Safety Valve Set Pressure	¹³ Safety Valve Capacity	
¹⁴ Date	¹⁵ Est. Duration of Rental	¹⁶ Print name	¹⁷ Installer Signature	
¹⁸ Is Equipment on Trailer Level with Wheels Chocked? <input type="checkbox"/> Yes <input type="checkbox"/> No		¹⁹ Is the Equipment on a Substantive Surface and Placed to be Secure/Level in a storm? <input type="checkbox"/> Yes <input type="checkbox"/> No		NOTE: A mobile trailer not properly anchored or that is not level is an unacceptable condition, in violation of N.J.S.A. 34:7-23 & 34:7-26.

DO NOT WRITE BELOW THIS LINE

For MIBBPVC use Only:	Permission is hereby given to do the above work, subject to compliance with the Boiler, Pressure Vessel and Refrigeration Regulations. Compliance with adopted Standards N.J.A.C. 12:90 4.2, 5.2, 6.2 respectively. (ASME, NFPA, NBIC, ASHRAE, IIAR)
Date Permit Issued	Verified by

New Jersey State Inspector: An external operational inspection was performed and found satisfactory? ☐ Yes ☐ No

Name	NJ Certificate of Competency No.	Date	Signature

IMPORTANT NOTICE: The Equipment Owner is responsible for notifying the MIBBPVC by email at the address shown above or by calling (609) 292-2921 when a TREMI occurs. All inspection costs and fees will be the responsibility of the Owner.

POST THIS DOCUMENT WITH THE VESSEL AND THE MIBBPVC CERTIFICATE OF INSPECTION

INSTRUCTIONS FOR COMPLETING
PORTABLE EQUIPMENT OPERATING AUTHORIZATION FORM
TO BE COMPLETED BY THE OWNER OF THE TEMPORARY RENTAL EQUIPMENT MOBILE INSTALLATION (TREMI)

Section A

1. Fill in the FEIN number of the Equipment Supplier (Federal Employee identification Number)
2. Enter the name of the Equipment Supplier for the TREMI
3. Enter the Equipment Suppliers street address
4. Enter the City, State and Zip Code of the Equipment Supplier
5. Provide the full name of the Contact for the Equipment Supplier
6. Provide the Fax number of the Equipment Supplier
7. Indicate the Phone number with area code of the Equipment Installer
8. Provide the E-Mail address of the Equipment Installer

Section B

1. Fill in the name of the location where the TREMI is going to be set-up for operation
2. Fill in the name of the street where TREMI device is going to be set up for operation
3. Fill in the City, State and Zip code of the location where the portable device is going to be located and operated
4. Provide a Contact Person where the TREMI will be operating
5. Provide the phone number of the Contact Person where the TREMI is located
6. Complete the check box as indicated
7. Provide the full name of the user's Insurance Company. (Obtain from User of equipment)
8. If the answer in question 7 is "Yes", indicate from the user if they notified their insurance company that a TREMI is being installed
9. Indicate the name of the Inspector that was contacted, if known
10. Fill in any pertinent comments about the site as relevant

Section C

1. Provide the New Jersey Jurisdiction Number (NJN) assigned to this Equipment. (Note: if multiple objects are located in the TREMI each NJN must be provided on separate forms). This number must be permanently affixed to the equipment. The NJN is assigned by the MIBBPVC and is will start with NJ then have a six digit number then a hyphen followed by 2 digits ending in a letter H or S or R or U.
2. Fill in the National Board number of the equipment being used as found on the nameplate.
3. Fill in the Certificate of Inspection (COI) expiration date. The equipment on the TREMI should have a valid COI that has not expired
4. Provide the length and the width of the TREMI (not the trailer)
5. Provide the name of the Equipment Manufacturer
6. Fill in the purpose (use) for the equipment (such as steam/hot water heating, process, comfort cooling)
7. Fill in the type of vessel on the TREMI (Example: fire tube boiler water tube boiler, air compressor or air conditioning system)
8. Provide the MAWP of the equipment (Maximum Allowable Working Pressure) as written on the nameplate of the equipment
9. Provide the system pressure after pressure reduction going into the user facility
10. Provide the energy input/output capacity of the TREMI from the device operated. [NOTE: This will be a number along with units based upon the type of equipment used in the trailer. Boiler would be energy input Btu or lbs/hr; a refrigeration system is in tons of refrigerating capacity, air compressor might be horsepower or scfm, other units that may be applicable are gal/hr or gals/min. etc.]
11. Identify the energy type used. This could be fuel such as gas or oil and electric, compressor
12. Fill in the safety valve set pressure. Indicated on the valve name plate
13. Indicate the capacity and units of the safety valve as indicated on the nameplate and use the drop-down
14. Provide the date that the TREMI was delivered and installed at the site location
15. Provide the estimated duration that the equipment will be rented
16. Print your name as the person responsible for completion of this form
17. This is the same person who completed this form and that printed their name in item # 16
(Note: If completed electronically the document may be digitally signed or printed, signed, then scanned and E-mailed to the MIBBPVC)
18. Fill in the box with information if the trailer has been leveled and that the wheels are chocked
19. Indicate if the trailer/equipment is on a substantial supporting surface that is level and safe to use. Anchoring of the trailer must take place necessary or when advised to do so by local or state authorities. Supporting the trailer is necessary by blocks or jack stands of the appropriate capacity. Tires can go flat or be punctured and must not be used to support equipment for more than 5-days once in place.

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
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Trenton, NJ 08625-0392

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