APPLICATION FOR AUTHORIZED AND REGISTERED INSPECTION AGENCY
NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF PUBLIC SAFETY AND OCCUPATIONAL SAFETY & HEALTH
BUREAU OF BOILER AND PRESSURE VESSEL COMPLIANCE
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. ____________________  □ Cell  □ Home  □ Work

   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

<table>
<thead>
<tr>
<th>License or Certification Name</th>
<th>Classification or Type</th>
<th>Expiration Date</th>
<th>Certification No.</th>
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<tbody>
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<td>Note: Include copies of all Certification documents when submitting this application.</td>
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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:

<table>
<thead>
<tr>
<th>Employed By</th>
<th>Address</th>
<th>Position Held</th>
<th>Employment Period</th>
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9. This application must be forwarded to the Department of Labor and Workforce Development, Division of Public Safety and Occupational Safety & Health, Mechanical Inspection Bureau of Boiler and Pressure Vessel Compliance, P.O. Box 392, Trenton, NJ 08625-0392.

10. The fee of one-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: ______________________

Revised ARIA_CofC 2.2020