



COMMONWEALTH OF KENTUCKY
Public Protection Cabinet
Department of Housing, Buildings and Construction
DIVISION OF PLUMBING
Boiler Inspection Section
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5412
(502) 573-1708 Fax (502) 573-1058



BOILER AND PRESSURE VESSEL CONTRACTOR RENEWAL APPLICATION

(To install, erect, or repair boilers, pressure vessels, and pressure piping)

Please type or print application. Answer all questions on this application.

A nonrefundable renewal fee of \$175 payable to Kentucky State Treasurer shall be submitted with this application.

NOTE: The renewal application and fee is due on or before the last day of the licensee's birth month.

1. **Name:** _____ **License #:** _____

Last First MI
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
(Street, Route or Box Number)

County: _____ **Telephone:** (_____) _____ - _____ **Date of Birth:** ____ / ____ / ____

E-Mail Address: _____ **Social Security number:** _____ - ____ - ____

2. **Company Name (if applicable):** _____

Address: _____
(Street, Route or Box Number)

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Telephone: (_____) _____ - _____

3. Please indicate to which of the above addresses you prefer to receive mail from the Department: #1: _____ #2: _____

4. Are you authorized to use all applicable ASME Code Symbol Stamps? Please circle: **Y** **N**

5. Are you authorized to use the National Board Repair Symbol Stamp? Please circle: **Y** **N**

Applicant's Signature: _____ **Date:** _____

____ (Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Owner's Piping Inspector license at this time.

<u>For Office Use Only</u>	
Date Received	_____
Date Approved	_____
Check/Pmt #	_____
Date Issued	_____
Pending	_____
License # (if applicable)	_____

The applicant, by _____, being duly sworn, declares that the foregoing statements are true to the best of his/her knowledge and belief, and that he/she has personally signed this application.

Subscribed and sworn to before me on this the _____ day of _____, 20__.

Notary Public _____ My Commission expires: _____

