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

OWNER'S PIPING INSPECTOR LICENSE APPLICATION

Please type or print application. *Answer all questions on this application.*
A nonrefundable application fee of $100 payable to Kentucky State Treasurer *shall be submitted with this application.*

Attach here a recent passport-sized, color photograph of applicant taken within the last six months.

1. Name: _____
Last *First* *MI*

Address: _____
(Street, Route or Box Number)

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

County: _____ **Telephone: (** _____ **)** _____ **-**_____

Date of Birth: _____ **/** _____ **/**_____ **Social Security number:** _____ **-**_____ **-**_____

E-Mail Address: _____

2. Employer Name (Facility or Agency):_____

Address: _____ **City:** _____
(Street, Route or Box Number)

State: ____ **Zip:** _____ **County:** _____ **Telephone: (** _____ **)** _____ **-** _____

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

4. <u>For piping repair inspections</u>: Attach current proof of certification under American Petroleum Institute Standard 570, Piping Inspection Code: Inspection, Repair, Alteration, and Rerating of In-Service Piping Systems.

5. <u>For all other piping inspections</u>: Attach copy of current commission from the National Board of Boiler and Pressure Vessel Inspectors or proof of qualification under owner inspection requirements pursuant to ASME piping code B31.1 or B31.3.

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:** _____