



	APPLYING FOR:	Initial Qua	lification	Re-Qualific	ation	
APPLICANT'S CO	NTACT INFORMAT	ION				
NAME:						
(First)		(Middle)		(Last)		
DATE OF BIRTH:						
1)	Month)	(Day)		(Year)		
PHYSICAL ADDRES	S:		MAILING	ADDRESS (if diffe	erent from p	ohysical):
PRIMARY PHONE:			П ном	ΛΕ □ CELL		
EMAIL:						
If previously assig	ned:					
ASME Team Leade	er Number:	ASM	E Team Leade	er Expiration Date	e:	
National Board Re	eview Team Leader/Re	presentative Num	ıber:			
CHECK ALL BOXES	S THAT ARE APPLICA	BLE:				
Jurisdiction Independent N Independent A National Board	SME Consultant	Team Leader "R" Stamp "NR" Stamp "VR" Stamp Flow Lab	AIA Rev FIA Rev Owner		Test V	tative e Selection (DS) Vitnessing (TW) Only (TO)
	TACT INFORMATIO		ed for indep	endent consul	tants)	
EMPLOYER:						
PHYSICAL ADDRES	S:		MAILING	ADDRESS (if diff	erent from p	ohysical):
SUPERVISOR:						
(Nar	ne)			(Title)		
PHONE:		EMAIL	•			



EDUCATION AND EXPERIENCE

- The applicant shall have a minimum of twelve credits to qualify for the conduct of shop reviews, audits or surveys.
- The applicant shall have a minimum of seven credits to qualify for the conduct of valve selections and test witnessing.

EDUCATION – (4 credits maximum)

The sum of 1) [including (a) or (b), but not both] + 2) below may be used toward the 4 credits maximum.

1) College/University (see NB-290, 2.1.1)		
(College/University School Name)	(Location – City/State)	(Date Completed)
(Degree Type)	(Major)	
 Technical Curriculum (examples) – (2 Credits) (see NB-290, 2.1.1 #5) A. Graduation from an accredited technical B. Successful completion of a power engine C. Successful completion of an Accredited TD. D. Successful completion of a military or me E. Successful completion of a Certified Well 	eering certification program Frade certification program	
(Program Title)	(Location – City/State)	(Date Completed)
(Program Title)	(Location – City/State)	(Date Completed)
3) Technical Training in Boiler, Pressure Vessel, or F (see NB-290 2.1.1 #6) A. Technology Courses B. Code Courses C. National Board Courses		(Date Completed)
(Course Title)	(Location – City/State)	(Date Completed)
(Course Title)	(Location – City/State)	(Date Completed)
(Course Title)	(Location – City/State)	(Date Completed)
(Course Title)	(Location – City/State)	(Date Completed)



QUALIFYING WORK EXPERIENCE – (10 credits maximum)

• A full year – 1 credit per year.

Qualifying work includes experience associated with boilers, pressure vessels, piping, and/or pressure relief devices in any of the listed category types (Refer to NB-290, 2.1.2.1).

Type of Work	Company (name, address, phone number)	Years of Experience
		·

- If 3 years of the above experience has been working with ASME Boiler and Pressure Vessel Code Sections (1 Additional Credit)
- If 2 years of the above experience has been in quality assurance/control (2 Additional Credits)

Туре	Company / Description of Work	Number of Years
ASME Boiler and Pressure Vessel Code Sections		
Quality Assurance/Control		



PROFESSIONAL ACCOMPLISHMENTS - (2 credits maximum)

For professional registration in one or more states – (1 credit)

For certification of competency in engineering, science, inspection or quality assurance/control which is issued and approved by a government agency, or by the National Board or Technical Society – (1 credit)

· -		
Type of Certification of Competency	Description	Date
MANAGEMENT EVALUATION – (2 c	•	
	ual's employer for other performance factors applicable to reviews, a crity, analytical ability, past performance, and teaching at technical schools.	
such as leadership, jauginent, mate	inter, analytical ability, past performance, and teaching at technical sent	7013, 3CH HIATS OF COURSES.
Detailed Description of Recommen	ndation	
Detailed Description of Recommen		
TRAINING & EXAMINATION		
	n Leader or Representative shall have training sufficient to develop co	mpetency in reviews, audits
	rdance with National Board policies and procedures and have attended	d the National Board Semina
for Team Leaders and National Boa	rd Representatives.	
The prospective National Board Re	eview Team Leader or Representative, who will conduct reviews, sha	ll pass a written examination
_	hich shall evaluate the prospective National Board Review Team	Leader's or Representative's
comprehension and ability to apply	the training fundamentals.	
Attended National Board Team Lea	der and/or	
Representative Course & Examinati	on:	<u> </u>
	(Date of Attendance)	



ACTIVITY PARTICIPATION

- The prospective National Board Team Leader or Representative shall be assigned with a qualified National Board Team Leader or Representative to participate in a minimum of three reviews or visits of the type for which qualification is being sought within a one year period, except as provided as follows:
 - For a Qualified National Board Team Leader seeking Qualification for another
 - For qualification to conduct laboratory and authorized observer acceptance reviews, the individual must be a National Board Test Laboratory Authorized Observer, qualified to conduct reviews and shall participate with a qualified National Board Representative during one laboratory review.
 - For qualification to witness testing, the individual must be a National Board Test Laboratory Authorized Observer (or have completed a special National Board Pressure Relief department training course to witness testing), qualified to conduct valve selections, and shall participate at least once with a qualified National Board Representative to witness testing at an accepted laboratory.

3 Reviews Participated In:

Company	Location	Team Leader / Representative	Date

Qualification Review Report Submitted to the National Board Team Leader / Representative:

- The prospective National Board Team Leader or Representative shall complete a Qualification Review Report (QRR), or the report required for each of the activities being reviewed.
- The qualified National Board Team Leader or Representative shall appraise the prospective National Board Team Leader's or Representative's performance, including a review of the QRR, completed for content, completeness and accuracy. The qualified National Board Team Leader or Representative shall submit a written evaluation of the prospective National Board Team Leader or Representative.

Certification by Applicant

I certify that the above statements are true:		
(Applicant Signature)	(Date)	
Employer Concurrence (Not required for independent I have reviewed this application and concur with t	•	
(Employer Signature)	(Date)	



NATIONAL BOARD USE ONLY:

EDUCATION – (4 credits maximum)		CREDITS	
A. Bachelor's Degree in Engineering (4 credits)			
B. Associate's Degree in Engineering (3 c	·		
C. Bachelor's Degree in Science or Mather	•		
D. Associate's Degree in Science or Mathe			
TECHNICAL CURRICULUM – (2 credits 1	naximum)	CREDITS	
In accordance with NB-290, 2.1.1, #5		<u> </u>	
TECHNICAL TRAINING - (1 credit maxim	num)	CREDITS	
In accordance with NB-290, 2.1.1, #6			
QUALIFYING WORK EXPERIENCE – (10	credits maximum)	CREDITS	
In accordance with NB-290, 2.1.1, #6			
PROFESSIONAL ACCOMPLISHMENTS	– (2 credits maximum)	CREDITS	
Certificate of Competency engineering, sci agency, or by a National Professional or Te	ence, inspection or quality assurance/control which is issued and approved by a government echnical Society		
Professional Registration in one or more s	ates		
MANAGEMENT EVALUATION – (2 credication)	lits maximum)	CREDITS	
	als performance applicable to reviews, audits, inspections and other such as leadership, performance, and teaching at technical schools, seminars or courses		
	TOTAL CREDITS		
Examination Results:	(Date)		
Recommended for New Acceptance:			
	(Manager of Technical Services) (Date)		
Approved for New Issuance of Team Leader/Representative Certification:			
	(Executive Director) (Date)		
Issued Team Leader Number:			

Attachments Checklist

ne followi	ing si	upporting documents must be attached to this application:
	1.	Copies of transcripts, diplomas or other documents for verification of educational experience the applicant is seeking credit for in accordance with NB-290, 2.2.0.
	2.	Copies of Technical Curriculum certificates, diplomas, transcripts or other documents for verification of technical curriculum the applicant is seeking credit for in accordance with NB-290, 2.2.1.
	3.	Copies of Certificates of completion or transcripts for technical training the application is seeking credit for in accordance with NB-290, 2.2.1.
	4.	Copies of certificates of professional accomplishments the applicant is seeking credit for in accordance with NB-290, 2.1.3.
	5.	The QRR or report completed by the applicant <u>for required each review</u> , listed on page 5 of this application, in accordance with NB-290, 2.3.2.
	6.	The qualified National Board Team Leader or National Board Representative's written evaluation of the