

Application for RENEWAL of National Board Review Team Leader / Representative

APPLICANT'S CONTACT INFORMATION

NAME: _____
 (First) (Middle) (Last)

PHYSICAL ADDRESS:

MAILING ADDRESS (if different from physical):

PRIMARY PHONE: _____ HOME CELL

EMAIL: _____

ASME Team Leader Number: _____ **ASME Team Leader Expiration Date:** _____
National Board Review Team Leader/Representative Number: _____

CHECK ALL BOXES THAT ARE APPLICABLE:

- | Employer | Team Leader | | Representative |
|--|-------------------------------------|---|--|
| <input type="checkbox"/> Jurisdiction | <input type="checkbox"/> "R" Stamp | <input type="checkbox"/> AIA Reviews | <input type="checkbox"/> Device Selection (DS) |
| <input type="checkbox"/> Independent NB Consultant | <input type="checkbox"/> "NR" Stamp | <input type="checkbox"/> FIA Reviews | <input type="checkbox"/> Test Witnessing (TW) |
| <input type="checkbox"/> Independent ASME Consultant | <input type="checkbox"/> "VR" Stamp | <input type="checkbox"/> Owner User Reviews | <input type="checkbox"/> Test Only (TO) |
| <input type="checkbox"/> National Board | <input type="checkbox"/> Flow Lab | | |

EMPLOYER CONTACT INFORMATION (Not required for independent consultants)

EMPLOYER: _____

PHYSICAL ADDRESS:

MAILING ADDRESS (if different from physical):

SUPERVISOR: _____
 (Name) (Title)

PHONE: _____ **EMAIL:** _____

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MAINTENANCE OF QUALIFICATION

ACTIVITY PARTICIPATION

National Board Review Team Leaders or Representatives shall maintain their proficiency by participating in at least one review, device selection process, or test witnessing or similar activity as appropriate with the qualifications, every twelve months.

In the table below, list one participation activity per 12 month period, in chronological order.

| Company Name | Company Location | Scope of Activity* | Date of Activity |
|--------------|------------------|--------------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

* Scope of Activity examples: ASME “UV” Shop Review, National Board “R” Shop Review, Test Witness, Device Selection, etc. For Shop Reviews, make sure to list the exact designator(s) and/or certificate(s) that were reviewed.

TRAINING

Each National Board Team Leader or Representative, at least once every two years, is required to attend a refresher course to review revisions and changes that affect quality programs, auditing methods, new technologies, the NBIC, the ASME BPV Code and/or related subjects.

In the table below, list one refresher course attended per two year period, in chronological order.

| Description of Refresher Training | Location of Training | Date of Training |
|-----------------------------------|----------------------|------------------|
| 1. | | |
| 2. | | |
| 3. | | |

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EVALUATION

Each National Board Team Leader or Representative shall be evaluated by a qualified National Board Team Leader or Representative at least once every 36 months.

In the table below list each evaluation conducted, in chronological order, during the past 5 years.

| | Date of Evaluation | Conducted By and Title |
|----|--------------------|------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

CERTIFICATION BY APPLICANT

I certify that the above statements are true:

(Applicant Signature)

(Date)

EMPLOYER CONCURRENCE (Not required for independent consultants)

I have reviewed this application and concur with the information as presented:

(Employer Signature)

(Date)

NATIONAL BOARD USE ONLY:

This application has been reviewed, and I certify that the applicant has met all of the maintenance requirements for renewal:

(Manager of Technical Services Signature)

(Date)