



DEPARTMENT OF FINANCIAL SERVICES

Division of State Fire Marshal – Bureau of Fire Prevention – Boiler Safety Program

**APPLICATION FOR ORIGINAL AND RENEWAL CERTIFICATE OF COMPETENCY FOR
SPECIAL BOILER AND DEPUTY BOILER INSPECTORS**

Return To: **State Fire Marshal Office**
 Boiler Safety Program
 200 East Gaines Street
 Tallahassee, FL 32399-0342

☐ **INITIAL APPLICATION**
☐ **RENEWAL APPLICATION**
 “Check One”

In compliance with Chapter 554, Florida Statutes, application is hereby made for the issuance of a Certificate of Competency for our employee to inspect boilers within the State of Florida.

Applicant Company Name: _____

Business Address: _____
 Number Street City State Zip Code

NAIC Company Code: _____ Telephone Number: (____) ____ - _____
(** Only for ** National Association of Insurance Commissioners, NB-369 Companies/Inspectors leave blank)

Inspector Employee Name: _____

Mailing Address: _____
 Number Street City State Zip Code

Email Address: _____

Telephone Number: (____) ____ - _____

Inspector’s National Board Commission Number: _____

A photocopy of the Inspector’s current National Board Commission Card must accompany this Application.

NB-369 “Professionally Liability Insurance Coverage” (certificate/letter) must accompany this application).
Section 554.1021(2)(c), F.S., states that DFS shall by rule require an inspection agency accredited in accordance with the NBBPVI’s program in NB-369 to maintain financial security adequate to indemnify the owner of a boiler if such agency’s negligence or failure to inspect an uninsured boiler results in a loss.

Date NB Commission Examination “Passed” _____

An applicant for a Special Boiler Inspector and Deputy Boiler Inspector Certificate of Competency must have three years of experience in the construction, installation, inspection, operation, maintenance, or repair of high pressure, high temperature water boilers

All Certificates expire on December 31st, regardless of the Issue Date.

I certify that the applicant has taken the 2 Hour Boiler Safety training course.
I certify that the contents of this application are true and correct.

Applicant Company Name _____
By: _____ (Signature required by manager/supervisor)
Date: _____ Title: _____

Upon receipt of application, an invoice in the amount of \$50 (initial application) or \$30 (renewal application) will be mailed to the business address. All fees must be paid before the Certificate of Competency will be issued.