STATE OF KANSAS

Office of the State Fire Marshal 800 S.W. Jackson, Suite 104 Topeka, KS 66612



Phone: (785) 296-3401 Fax: (785) 296-0151 www.firemarshal.ks.gov

APPLICATION FOR KANSAS COMMISSION OF BOILER & PRESSURE VESSEL INSPECTOR

Name in Full			
Street Address			
City	State	Zip	
Phone	Email Address		
Name of Employer			
Street			
City	State	Zip	
Previous N.B. Exam dat	e	N.B. Certificate #	
Check one: Written Ex	am Oral Exam		
APPLICANT SIGNATI	JRE	DATE	
Insurance Company- I (CERTIFY THAT THE ABOV	'E APPLICANT IS AN EMPLO	OYEE OF:
Insurance Co. Name [DATE	
Insurance Rep. Signatur	re		

PLEASE FILL OUT COMPLETELY AND RETURN TO OUR OFFICE and A COPY OF THE CURRENT NATIONAL BOARD WORK CARD.

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