



**DEPARTMENT OF ADMINISTRATIVE SERVICES**

*DIVISION OF CONSTRUCTION SERVICES  
OFFICE OF THE STATE BUILDING INSPECTOR*

**APPLICATION FOR THE COMMISSION OF CONNECTICUT STATE BOILER INSPECTOR**

Date \_\_\_\_\_

As provided in Chapter 540 of the General Statutes the \_\_\_\_\_

***Name of Insurance Co.***

Of \_\_\_\_\_ authorized to insure boilers against explosion in Connecticut, hereby makes

***City and State***

Application for examination/recognition of Certificate of Competency of \_\_\_\_\_

***Name of Applicant***

Boiler Inspector, employed by this Company. The experience listed by the applicant is correct, to the best of our knowledge.

Signed \_\_\_\_\_

***Title***

**APPLICANT'S STATEMENT**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ U.S. Citizen \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Education \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Degrees \_\_\_\_\_

***Grade School High School College Note: For Education, Indicate number of years Completed.***

Related: Special Courses or Formalized Training \_\_\_\_\_

**BOILER SHOP EXPERIENCE**

<b><i>Employer's Name</i></b>	<b><i>Period of Employment</i></b>	<b><i>Employed As</i></b>
_____	From _____ To _____	_____
_____	From _____ To _____	_____
_____	From _____ To _____	_____

**BOILER OPERATING EXPERIENCE**

<b><i>Employer's Name</i></b>	<b><i>Period of Employment</i></b>	<b><i>Employed As</i></b>
_____	From _____ To _____	_____
_____	From _____ To _____	_____
_____	From _____ To _____	_____

**BOILER INSPECTION EXPERIENCE**

**Employer's Name**

**Period of Employment**

**Employed As**

_____	From _____ To _____	_____
_____	From _____ To _____	_____
_____	From _____ To _____	_____

Please attach Photo Copies Boiler Inspection Licenses or Commissions held.

Phone # of Applicant \_\_\_\_\_

**Signature of Applicant**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Notary Public**

The Boiler Safety Board having considered the information contained in this application, finds the Applicant named on this Application meets – does not meet the qualifications set up in the Rules and Regulations promulgated in accordance with

Cross out one

Chapter 540 of the General Statutes and Recommends that they be permitted – not permitted to take the examination for Commission as a Special Inspector.

Cross out one

**If Not Approved**

**For Boiler Safety Board**

Rejected \_\_\_\_\_ Date \_\_\_\_\_

Reason \_\_\_\_\_

Examined \_\_\_\_\_

Date

Rating \_\_\_\_\_

Based upon the results of examination the Board recommends:

The Applicant be issued a Commission – Reexamined at a later date.

Cross out one

Examining Board

Reciprocal Commission Issued \_\_\_\_\_ based upon Certificate of Competency attached.

Date