



Safety Inspection Unit  
 Boiler Inspection Section  
 1100 N Eutaw St, Room 605  
 Baltimore MD 21201

http://www.DLLR.state.md.us  
 boilers@DLLR.state.md.us  
 phone 410-767-2330  
 fax 410-333-7827

# Application for Commission

as a Special Boiler Inspector

The employer of an applicant for a NEW or RENEWED Special Inspector Commission shall submit to the Chief Boiler Inspector:

1. this FORM; and
2. a FEE of \$50 (check made to "DLLR, Safety Inspection Unit"); and
3. submits EVIDENCE
  - a. that the Special Inspector applicant meets the standards imposed by the Maryland Boiler and Pressure Vessel Safety Act (attach PHOTOCOPY OF HIS NATIONAL BOARD COMMISSION CARD); and
  - b. that the Special Inspector applicant remains in the employment of the employer (MANAGER'S SIGNATURE); and
  - c. that the Special Inspector applicant HAS BEEN TRAINED on current boiler and pressure vessel TECHNOLOGY, INCLUDING THE LAWS AND REGULATIONS OF THE STATE; and
  - d. that the EMPLOYER IS AN AUTHORIZED INSURER THAT INSURES boilers and pressure vessels in the State (attach PHOTOCOPY OF EMPLOYER'S LICENSE to insure boilers and pressure vessels in the State).

A Special Inspector Commission EXPIRES 3/01/YY OF ODD NUMBER YEARS. The employer of the Special Inspector may APPLY TO RENEW BEFORE IT EXPIRES. The Commission terminates when the Special Inspector is no longer employed by the employer which submitted his most recent application for new or renewal. The EMPLOYER SHALL RETURN THE COMMISSION WITHIN 30 DAYS OF TERMINATION to the Chief Boiler Inspector.

Refer to MD Code Public Safety Article 12-207. (State Law is found in the Annotated Code of Maryland, Public Safety Article, Title 12, Subtitle 9; available from <http://mlis.state.md.us/#stat>, click on "Maryland Code Online"; select "Maryland Code", then "Public Safety", then "Building and Material Codes", then "Boiler and Pressure Vessel Safety Act.")

(State Regulations are found in the Code of Maryland Regulations (COMAR), Public Safety Article, Title 9, Subtitle 12; available from [http://www.dsd.state.md.us/comar/subtitle\\_chapters/09\\_chapters.htm#Subtitle 12](http://www.dsd.state.md.us/comar/subtitle_chapters/09_chapters.htm#Subtitle 12))

## EMPLOYEE

Name	
Street City State Zip	
Phone/Fax/Email	

## EMPLOYER

Name	
Street/POB City State Zip	
Phone/Fax/Email	
Authorized Insurer License Number and Expiration Date (**attach copy**)	

## EDUCATION Give name, location, dates and degree/certificate,etc.

High School	
College & Other	

## WORK EXPERIENCE last five years related to boilers and pressure vessels. Give name, location, dates.

Employer(s)	
Employer(s)	

## LICENSES AND CERTIFICATES OF COMPETANCY. Give agency, date, ID number

National Board (**attach copy**)	
Other	

## TRAINING last 2 years related to TECHNOLOGY & MD LAWS & REGS. Give name, location, dates, degree/certificate,etc.


## EMPLOYEE:

PRINTED NAME	SIGNATURE	DATE

## EMPLOYER:

PRINTED NAME (MANAGER LEVEL)	SIGNATURE (MANAGER LEVEL)	DATE