

Division of Safety and Health Boiler Safety Bureau Harriman State Office Campus Building 12, Room 165 Albany, NY 12226

Application for Boiler Inspector Certificate of Competency

Type of Certificate (Check one or both boxes to indicate the type of certificate(s) for which you are applying.) New York State Certificate							2. Date of Birth*		
3. Full Name and Complete Mailing Address							4. Name of Current Employer		
Education		Name	Course	е	Highest Year Comp		eted	Graduated	
High School							□ Yes □ No		
College or Technical School								□Yes □ No	
6. Previous Steam Boiler Inspection Examination Taken ☐ Yes ☐ No ☐ If ` a. Date Taken b. State ☐ Passed ☐ Failed ☐ Passed ☐ Failed					complete the /ritten or Oral Written		e. Certificate	Number	
	Experience syment	nter Most Recent Employment First: Use Reverse Side, If Needed)							
	Employer Name and Address		ess	Job Title (Marine Engineer or Fireman,		reman,	Remarks (Specify Boiler Shop,		
From	То			Stationary Engineer or Fireman's Helper, Mechanic, etc.)		Installation, Operation Inspection, etc.)			
8. Applicants' Signature:					Date:				

*The purpose of this inquiry is to establish compliance with the minimum age requirements of Industrial Code Rules 4 and 14.

SH 332 (04/24)

Note: No fee is required with this application.