



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Compliance Division/Boiler Program

P. O. Box 12157 • Austin, Texas 78711 • (512) 539-5716 • Fax (512) 539-5687

Email Address: boilers@tdlr.texas.gov

Web site: www.tdlr.texas.gov

TEMPORARY BOILER OPERATING PERMIT

This form must be submitted along with a Boiler Installation Report and Manufacturer's Data Report.

ALL BLANKS MUST BE COMPLETED. ENTER N/A IF NOT APPLICABLE. SEE INSTRUCTIONS ON BACK.

FEE FOR TEMPORARY BOILER OPERATING PERMIT - \$50.00

(INVOICE FOR FEE WILL BE GENERATED UPON TDLR RECEIPT OF COMPLETED FORM)

INDICATE WHO SHOULD BE BILLED FOR FEE: OWNER (END-USER) OPERATOR (INSTALLER AS START-UP OPERATOR)

INSTALLATION: NEW REINSTALLED SECONDHAND PORTABLE DATE: / /
(check all that apply) MM DD YY

INSTALLER	OWNER/OPERATOR	OBJECT LOCATION
Name	Name	Name
Street	Street	Street
City, State, Zip	City, State, Zip	City, State, Zip
E-mail address**	Phone Number / E-mail address**	

Texas Boiler No.	National Board No.	Manufacturer	Mfg. Serial No.	Year Built	Boiler Type	Boiler Use
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Fuel	Method of Firing	Btu/kW Input	Btu/kW Output	Operating Pressure	ASME Code Designators A <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> HLW <input type="checkbox"/> E <input type="checkbox"/> H <input type="checkbox"/> Other <input type="checkbox"/>
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Stamped MAWP (max allowable working pressure)	Max Design Steam Cap.	Manufacturer's Minimum SV/SRV Capacity (Section IV boilers only)
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Safety Relief Valve Set Pressure 1. _____ psi 2. _____ psi 3. _____ psi 4. _____ psi	Safety Relief Valve Capacity <input type="checkbox"/> Btu/hr <input type="checkbox"/> lb./hr 1. _____ 2. _____ 3. _____ 4. _____	Low Water Fuel Cutoff Manufacturer _____ <table border="0"> <tr> <td></td> <td>No.</td> <td>MAWP</td> </tr> <tr> <td><input type="checkbox"/> Probe Type</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Flow Switch</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Float & Chamber</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>_____</td> <td>_____</td> </tr> </table>		No.	MAWP	<input type="checkbox"/> Probe Type	_____	_____	<input type="checkbox"/> Flow Switch	_____	_____	<input type="checkbox"/> Float & Chamber	_____	_____	<input type="checkbox"/> Other	_____	_____
	No.	MAWP															
<input type="checkbox"/> Probe Type	_____	_____															
<input type="checkbox"/> Flow Switch	_____	_____															
<input type="checkbox"/> Float & Chamber	_____	_____															
<input type="checkbox"/> Other	_____	_____															

VENTILATION AND COMBUSTION AIR:

Unobstructed Opening

Power Ventilator Fan

CO Monitor interlocked with boiler

Installers Comments:

OWNER/OPERATOR NAME (REQUIRED) _____

OWNER/OPERATOR PHONE NUMBER (REQUIRED) _____

_____ DATE _____

CHIEF INSPECTOR-STATE OF TEXAS (APPROVAL) _____ EXPIRATION DATE (30 DAYS AFTER APPROVAL) _____

Submit completed form: 1) to boilers@tdlr.texas.gov; 2) via fax to 512-539-5687; or 3) to TDLR, ATTN: Boiler Program, PO Box 12157, Austin, TX 78711

TDLR Form 015BLR 04/18

Mike Arismendez, Chair – Shallowater, Texas

Tom Butler, Vice Chair – Deer Park, Texas

Helen Callier – Kingwood, Texas

Rick Figueroa – Brenham, Texas

Catherine Rodewald – Frisco, Texas

Ravi Shah – Carrollton, Texas

Deborah A. Yurco – Austin, Texas

Note: Due to space limitations on this form, not all requirements in the Texas Boiler Law and Rules are captured. The inspector may find violations for deficient items not identified on this report.

WHO SHOULD BE BILLED: Indicate to whom the invoice for the fee associated with this form should be sent.

INSTALLATION: Indicate the type and date of installation— new, reinstalled or second hand as defined in the Texas Boiler Law and Rules. Also indicate if this is a portable boiler.

INSTALLER: Enter the installer name and physical address.

OWNER/OPERATOR: Enter the name, mailing address and phone number of the owner/operator of the boiler.

OBJECT LOCATION: Enter the name of the company or business and physical address where the installation was made.

TEXAS BOILER NO.: Enter the Texas Boiler Number if assigned at the time of installation.

NATIONAL BOARD NO.: Enter the assigned National Board number. Note: Cast iron sectional boilers do not require National Board registration.

MANUFACTURER: Enter the boiler manufacturer's name.

MFG. SERIAL NO.: Enter the assigned boiler manufacturer's serial number.

YEAR BUILT: Enter the year the boiler was manufactured.

BOILER TYPE: Enter the type of boiler, i.e. watertube, firetube, cast iron, electric, etc.

BOILER USE: Enter the service the boiler will be used for, i.e., heating (steam or water), potable water, etc.

FUEL: Enter the type of fuel i.e., natural gas, diesel, wood, etc. If more than one fuel type, enter all types boiler is equipped for.

METHOD OF FIRING: Enter the method of firing- automatic or manual.

Btu/kW INPUT: Enter the Btu/hr or kW input of the boiler.

Btu/kW OUTPUT: Enter the Btu/hr or kW output of the boiler.

OPERATING PRESSURE: Enter the ACTUAL operating pressure.

ASME CODE DESIGNATOR(S): Check the ASME Code designator shown on the Code nameplate or stamping. Explain other in remarks section.

STAMPED MAWP: Enter the maximum allowable working pressure shown on the ASME Code nameplate or stamping.

MAX. DESIGN STEAM CAP.: Enter maximum design steam capacity in lbs/hr from either the Manufacturer's Data Report or the nameplate/Code stamping.

Mfr MINIMUM SV/SRV CAPACITY: Enter the minimum safety/safety relief valve capacity in lbs/hr as indicated on the valve body data plate. Section IV boiler only.

SAFETY RELIEF VALVE SET PRESSURE: Enter the set pressure of all installed boiler safety or safety relief valves.

LOW WATER FUEL CUTOFF: Indicate the make, type, number of, and MAWP of method used to meet low water fuel cutoff requirements.

VENTILATION AND COMBUSTION AIR: Indicate the method ventilation and combustion air requirements are met. More than one method may be selected if installed.

Installer Comments: Enter any comments or remarks you deem necessary.

Owner/operator prints name and phone number then signs completed report.