



# TEXAS DEPARTMENT OF LICENSING AND REGULATION

Compliance Division/Boiler Program

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## REPORT OF REPAIR

### For State Certificate of Authorization Holders ONLY

in accordance with provisions of the State of Texas Boiler Law and Rules

1. Work performed by:

2. Owner:

3. Location of installation:

4. Texas Boiler Number: **TX**

Name of original manufacturer:

5. Identifying #'s:

6. NBIC Edition/Addenda:

Original Code of Construction for Item:

Construction Code Used for Repair Performed:

7. Repair Type

Welded

8. Description of Work:

Pressure test, if applied

psi

MAWP

psi

9. Replacement Parts: Attached are Manufacturer's Partial Data Reports properly completed for the following items of this report.

10. Remarks:

### CERTIFICATE OF COMPLIANCE

I, \_\_\_\_\_, certify that to the best of my knowledge and belief the statements in this report are correct and that all material, construction, and workmanship on this Repair conforms to the National Board Inspection Code.

State of Texas Certificate of Authorization

No. \_\_\_\_\_

Expires on: \_\_\_\_\_

Date

Name of repair organization

Signature of Authorized Representative

### CERTIFICATE OF INSPECTION

I, \_\_\_\_\_, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and certificate of competency issued by the jurisdiction of \_\_\_\_\_ and employed

by \_\_\_\_\_ of \_\_\_\_\_

have inspected the work described in this report on \_\_\_\_\_ and state that to the best of my knowledge and belief this work complies with the applicable requirements of the *National Board Inspection Code*.

By signing this certificate, neither the undersigned nor my employer makes any warranty, expressed or implied, concerning the work described in this report. Furthermore, neither the undersigned nor my employer shall be liable in any way for any personal injury, property damage or loss of any kind arising from or connected with this inspection.

Date

Signature of Inspector

Commissions – National Board and Jurisdiction No.