## FORM U-4 MANUFACTURER'S DATA REPORT SUPPLEMENTARY SHEET As Required by the Provisions of the ASME Boiler and Pressure Vessel Code Rules, Section VIII, Division 1

|                                      |   | (Name and address of M | anufacturer)                   |             |
|--------------------------------------|---|------------------------|--------------------------------|-------------|
|                                      | (Name and address of Purchaser)           |                        |                                |             |
| Manufactured for                     |   |                        |                                |             |
| Location of installation             |   |                        |                                |             |
|                                      |   | (Name and address)     |                                |             |
| Type(Horizontal, vertical, or sphere | here) (Tank, separator, heat exch., etc.) |                        | (Manufacturer's serial number) |             |
|                                      |   |                        |                                |             |
| (CRN)                                | (Drawing number)                          |                        | (National Board number)        | (Year buil  |
| Data Report                          |   |                        |                                |             |
| Item Number                          |   | Remarks                |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                | ·           |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
|                                      |   |                        |                                |             |
| ficate of Authorization: Type        | No  | Expire                 | 2S                             |             |
|                                      |   |                        |                                |             |
| e Name                               | (Manufacturer)                            |                        | Signed(Represent               | esentative) |
|                                      |   |                        |                                |             |