

**FORM 8-1 CERTIFICATE OF CONFORMANCE FOR REAPPLICATION OF THE CERTIFICATION MARK
In Accordance With Provisions of the ASME Boiler and Pressure Vessel Code**

1. Manufactured by: _____ (Name and address)
2. Manufactured for: _____ (Name and address)
3. Location of Installation: _____ (Name and address)
4. Item Description: _____ (Boiler/pressure vessel, etc.) _____ (Mfg. Data Report Form) _____ (Certification Mark applied) _____ (Year built)
5. Item Identification: _____ (Manufacturer's Serial no.) _____ (National Board no.) _____ (Jurisdiction no.) _____ (Other)
6. Original Construction Code: _____ (Name/Section/Division) _____ (Edition/Addenda, if applicable) _____ (Code Cases)
7. Traceability to Code Certification. (Attach a copy of the original Manufacturer's Data Report.)

8. Remarks:

Authorization is requested to have the Certification Mark reapplied on the above described item in accordance with the rules of the ASME Boiler and Pressure Vessel Code.

Owner _____ (Name and address)

Signature _____ Title _____ Date _____
(Authorized Representative)

Authorization is granted to reapply the Certification Mark on the above described item in accordance with the rules of the ASME Boiler and Pressure Vessel Code.

Jurisdiction _____

Signature _____ Date _____
(Authorized Representative)

I certify that to the best of my knowledge and belief, the statements in this Certificate of Conformance are correct and that the reapplication of the Certification Mark is in accordance with provisions of the ASME Boiler and Pressure Vessel Code. Furthermore, it is understood that reapplication of the Certification Mark is provided to restore evidence of original compliance with the construction code and is not to be construed as endorsement of the identified item in its current condition.

Name of Original Manufacturer _____ (Name and address)

Responsible Successor Organization _____ (Name and address)

Signature _____ Date _____
(Authorized Representative)

Certification Mark _____ Certificate of Authorization No. _____ Expiration Date _____

Inspected by _____ Designated Oversight by AIA QIO CI
(Name of individual)

Employer _____ (Name and address)

Signature _____ Date _____ Commissions _____
(inspector) (Jurisdiction, if applicable)