

**REPLACEMENT OF STAMPED DATA FORM, NB-136**  
in accordance with provisions of the *National Board Inspection Code*

SUBMITTED TO: \_\_\_\_\_ (name of jurisdiction) \_\_\_\_\_ (P.O. no., job no., etc.)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(telephone no.)

SUBMITTED BY: \_\_\_\_\_ (name of owner, user, or certificate holder)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(telephone no.)

1. MANUFACTURED BY: \_\_\_\_\_ (name)

\_\_\_\_\_  
(address)

2. MANUFACTURED FOR: \_\_\_\_\_ (name)

\_\_\_\_\_  
(address)

3. LOCATION OF INSTALLATION: \_\_\_\_\_ (address)

4. DATE INSTALLED: \_\_\_\_\_

5. PREVIOUSLY INSTALLED AT: \_\_\_\_\_

6. MANUFACTURER'S DATA REPORT ATTACHED:  NO  YES

7. ITEM REGISTERED WITH NATIONAL BOARD:  NO  YES, NB NUMBER \_\_\_\_\_

8. ITEM IDENTIFICATION: \_\_\_\_\_ (type) \_\_\_\_\_ (mfg. serial no.) \_\_\_\_\_ (jurisdiction no.) \_\_\_\_\_ (year built)

\_\_\_\_\_  
(dimensions)

\_\_\_\_\_  
(MAWP psi)

SAFETY RELIEF VALVE SET AT: \_\_\_\_\_ (psi)

9. COMPLETE THE REVERSE SIDE OF THIS REPORT WITH A TRUE FACSIMILE OF THE LEGIBLE PORTION OF THE NAMEPLATE.

10. IF NAMEPLATE IS LOST OR ILLEGIBLE, TRACEABILITY DOCUMENTATION, VERIFIED BY THE INSPECTOR SHALL BE ATTACHED TO THIS REPORT.

11. I REQUEST AUTHORIZATION TO REPLACE THE STAMPED DATA AND/OR NAMEPLATE ON THE ABOVE DESCRIBED PRESSURE-RETAINING ITEM IN ACCORDANCE WITH THE RULES OF THE NATIONAL BOARD INSPECTION CODE (NBIC).

"R" CERTIFICATE HOLDER'S NAME: \_\_\_\_\_ NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

VERIFICATION OF TRACEABILITY \_\_\_\_\_ NB COMMISSION \_\_\_\_\_

(Name of inspector)

12. AUTHORIZATION IS GRANTED TO REPLACE THE STAMPED DATA OR TO REPLACE THE NAMEPLATE OF THE ABOVE DESCRIBED PRESSURE-RETAINING ITEM.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(chief inspector or authorized representative)

JURISDICTION (if available) OR NB COMMISSION NO. \_\_\_\_\_

THE FOLLOWING IS A TRUE FACSIMILE OF THE LEGIBLE PORTION OF THE ITEM'S ORIGINAL NAMEPLATE (if available). PLEASE PRINT. WHERE POSSIBLE, ALSO ATTACH A RUBBING OR PICTURE OF THE NAMEPLATE.

THE FOLLOWING IS A TRUE FACSIMILE OF THE ITEM'S REPLACEMENT STAMPING OR NAMEPLATE.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS IN THIS REPORT ARE CORRECT, AND THAT THE REPLACEMENT INFORMATION, DATA, AND IDENTIFICATION NUMBERS ARE CORRECT AND IN ACCORDANCE WITH PROVISIONS OF THE NATIONAL BOARD INSPECTION CODE.

"R" CERTIFICATE HOLDER \_\_\_\_\_ NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(authorized representative)

WITNESSED BY \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
(name of inspector)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ NB COMMISSION \_\_\_\_\_  
(inspector)