



Department of Public Safety Vermont  
**DIVISION OF FIRE SAFETY**



Office of the State Fire Marshal, State Fire Academy and State HAZMAT Team

## Boiler and Pressure Vessel Commission Application

Application Type      Initial 3year Application - \$150.00      Renewal of 3 year Commission - \$150.00

Applicant Information

Name	<input type="text"/>			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
E-Mail	<input type="text"/>				
Birthdate	<input type="text"/>	Social Security	<input type="text"/>		
Home Phone	<input type="text"/>	National Board Commission Number	<input type="text"/>		

Employment Information

Employer	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Duties as Employee	<input type="text"/>				

Instructions

- ☐ All above information must be complete in order to be processed by the Division of Fire Safety
- ☐ Sign, Date and answer all questions on adjoining page.
- ☐ A copy of your current commission from the National Board of Boilers and Pressure Vessels Inspectors must be included.
- ☐ Include a current liability Insurance certificate. Requirements: \$1,000,000 per occurrence and \$3,000,00 general aggregate
- ☐ Make check payable to; Division of Fire Safety
- ☐ Sign and date the bottom of this form.

**MAIL TO:** Division of Fire Safety Central Office, 45 State Dr, Waterbury, VT 05671-8200

We are required by the State of Vermont to have these forms filled out for our records each time you apply for a Commission, License, or Renewal. Be aware that if the information that is requested is not filled out completely it could be returned to you and delay the process.

**I hereby certify that this application contains no willful misrepresentations or falsifications, and that the information given by me is true and complete to the best of my ability.**

Signature	<input type="text"/>	Date	<input type="text"/>
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---FOR OFFICE USE ONLY---				
Date Received:	Check #:	Amount: \$	License #:	Board Review Date:
				Approved
				Denied



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### Applicant's Statement Regarding: Child Support, Taxes, Unemployment Compensation, Fines & Penalties

**Child Support** [15 V.S.A. § 795] - You must check one of the statements below regarding child support.

☐ I do not have any children,

☐ I do not owe any child support,

☐ I do owe child support, but am under a plan with the Office of Child Support to pay all child support due.

*This certification is in regards to any children residing in Vermont, and where the license/certificate holder is a resident of Vermont, to any children residing in any other state or territory of the United States. For assistance contact the Office of Child Support, 103 South Main Street, Waterbury, VT 05676 [(802) 241-2180]*

**Taxes** [32 V.S.A. § 3113] - You must check one of the statements below regarding taxes.

☐ All Tax returns have been filed. I do not owe any taxes,

☐ I owe taxes but am under a plan with the Department of Taxes to pay all taxes due, or the payments are under appeal

*To determine status of a payment plan or appeal, or for assistance, contact the supervisor of tax collections [(802) 828-6809]*

**Unemployment Compensation** [21 V.S.A. § 1378] - You must check one of the statements below regarding unemployment contributions or payments in lieu of unemployment contributions.

☐ I am not now, nor have I ever been, an employer;

☐ I do not owe any unemployment compensation.

☐ I owe unemployment compensation but am under a plan with the Unemployment Division to pay any and all unemployment compensation due

*To determine status of a payment plan, or for assistance, contact the Department of Labor [(802) 828-4254]*

**Fine or Penalty** [4 V.S.A. § 1110] - You must check one of the statements below regarding a fine or penalty issued by the Judicial Bureau or District Court.

☐ I am not under any obligation to pay a fine or penalty due to any unpaid judgement issued by the Judicial Bureau or District Court,

☐ I am under such an obligation and am in good standing with respect to the obligation because 60 days or fewer have elapsed since the date a judgement was issued, or due to a repayment plan approved by the Judiciary.

*For assistance contact the Office of Court Administrator, 109 State Street, Montpelier VT 05609-0701 [(802) 828-3278]*

#### Statement of Applicant

I verify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification or renewal. ( The maximum penalty for perjury is 15 years in prison and/or a \$10,000 fine. 13 V.S.A. § 2901)

Signature

Date