New York State Department of Labor  
Division of Safety and Health - Boiler Safety Bureau  
Harriman State Office Campus  
Building 12, Room 165  
Albany, NY 12240

New York State Boiler Repair Certificate of Authorization Application and  
Quality Control System Review

Use this form to apply for a boiler Repair Certificate of Authorization and review of your Quality Control System. You must make all boiler repairs and alterations according to Industrial Code Rules 4 and 14 provisions.  
Mail the completed application to the address above. Be sure to keep a copy for your records.  
If you have questions or need more information:
• See the Quality Control System Information sheet, SH-381  
• Visit our web site at: http://labor.ny.gov/workerprotection/safetyhealth/DOSH_BOILER_SAFETY.shtml  
• Contact the Chief Inspector at the address above or call: (518) 457-2722

Application date: ________________

This application is for a (check one):
☐ New certificate
☐ Renewal of certificate: Expiration date: _______

Type of repair certificate requested (check one):
☐ Owner/User shop location only
☐ Shop and field locations

Company Information:
Name: _____________________________________  
___________________________________  
Address: ___________________________________
___________________________________  
___________________________________  
Federal Employer Identification Number  
(FEIN): _____________________________  
Representative’s name: ____________________  
Title: _________________________________  
Phone: __________________________________

Location of shop to be reviewed:
Address: ___________________________________
___________________________________  
___________________________________  

Your Authorized Insurance Inspection Agency Information:
Name: _____________________________________  
___________________________________  
Address: ___________________________________
___________________________________  
Phone: ____________________________________  

• Your Authorized Insurance Company Inspection Agency must notify the Bureau when they have approved your Quality Control System.  
• We will then schedule your review. We will notify you of the date, time and name of the Inspector who will conduct the review with your Insurance Company Representative.  
• You must send a copy of your approved Quality Control Manual to the assigned Inspector at least 15 days before the review date or your review will be cancelled.