Installation or Major Boiler Repair Application
Filing Fee: One Hundred Dollars ($100) Per Boiler
Payable to: Treasurer, State of Ohio

New Boiler Installation _______ Number of Boilers Being Installed _______ Estimated Completion Date ________________
-OR- Boiler Welded Repair _______ Boiler Being Repaired ID# ________________ Estimated Completion Date ________________
-OR-

(PLEASE PRINT LEGIBLY OR TYPE)

Contractor’s Information:

Contractor Registration # C __________________________ Contractor Certificate Expiration Date __________________________

Name __________________________

Address __________________________

City __________________________ State __________ Zip __________ Phone __________

LOCATION OF BOILER INSTALLATION OR REPAIR:

Property Name __________________________ Bldg #, Apt #, Hall, etc __________________________

Exact Address __________________________ Contact Name __________________________

City __________________________ State OHIO Zip __________ County __________________________ Phone __________

Current Boiler Inspecting Agency (Check One) State of Ohio __________ Insurance (Company) __________________________

BOILER OWNER INFORMATION:

Name __________________________ Contact Name __________________________

Address __________________________

City __________________________ State __________ Zip __________ Phone __________

NEW BOILER(S) INFORMATION:

| BOILER TYPE (CI, WT, FT, etc) | MANUFACTURER | NATIONAL BOARD # | SERIAL OR MODEL # | YEAR BUILT | PLEASE LEAVE BLANK
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>STATE USE ONLY</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SIGNATURE OF APPLICANT __________________________ DATE __________________________

Bureau of Operations & Maintenance - Boilers
6656 Tussing Road
Reynoldsburg, OH 43068-9009
Form Number: DIC 4320
Date Updated: 9/2019

614-644-2223
Fax 614-232-9504
TTY/TDD 800-750-0750
com.ohio.gov

An Equal Opportunity Employer and Service Provider