



OFFICE OF THE STATE FIRE MARSHAL
DIVISION OF BOILER & PRESSURE VESSEL SAFETY
1035 STEVENSON DRIVE
SPRINGFIELD, IL 62703-4259
PHONE: (217) 782-2696
FAX: (217) 785-4184

Work Performed By: _____
Name of Authorized Repairer

Address _____ City _____ State _____ Zip _____

Repairer License Number: _____ LP Authorization Number: _____

Location of Repair: _____
Name _____

Address _____ City _____

Manufacturer of Boiler: _____ Year Built: _____

M.A.W.P. _____ Steam Water

Illinois No. _____ National Board No. _____ Serial No. _____

Brief Description of Repair:

Pressure Test If Applied _____ p.s.i.

I, _____, certify that to the best of my knowledge the low pressure repair described in this record, including all materials, welding and workmanship, meet the requirements of the Illinois Boiler and Pressure Vessel Safety Act and all applicable rules of the State of Illinois.

Authorized Representative

Date

NOTE: Information required by this form must be provided to comply with the requirements of 41IL Adm. Code Sec. 120.1041 C). Failure to do so may result in license revocation.