



STATE OF NEW YORK  
**DEPARTMENT OF LABOR**  
DIVISION OF SAFETY AND HEALTH  
Boiler Safety Bureau  
GOV. W. AVERELL HARRIMAN  
STATE OFFICE BUILDING CAMPUS  
ALBANY, NY 12240  
(518) 457-2722

**APPLICATION FOR  
QUALITY CONTROL SYSTEM REVIEW**

1. DATE OF REQUEST	2. APPLICATION REQUEST (Check One) <input type="checkbox"/> INITIAL <input type="checkbox"/> RENEWAL	3. TYPE OF CERTIFICATE REQUESTED <input type="checkbox"/> OWNER/USER <input type="checkbox"/> SHOP/FIELD	4. FEDERAL EMPLOYER IDENTIFICATION NUMBER
5. COMPANY NAME AND ADDRESS		6. LOCATION OF SHOP TO BE REVIEWED	
7. COMPANY REPRESENTATIVE			
a. _____ (NAME)                      b. _____ (TITLE)                      c. _____ (TELEPHONE NUMBER)			
8. NAME AND ADDRESS OF YOUR AUTHORIZED INSURANCE INSPECTION AGENCY			

**GENERAL INSTRUCTIONS**

a. **Prepare Application in Duplicate; Retain a Copy for Your Files.**

b. **Submit Original Application and Required Fee of \$600 to the Address Given Above.**

c. **When Ready, Please Have Your Authorized Inspection Agency Contact the Bureau to Arrange for a Review Date.**

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Please refer to the "Quality Control System Information Sheet" for more detailed instructions.

<b>FOR OFFICE USE ONLY</b>
DATE PAID
ABSTRACT NUMBER