Supplemental Boiler/Pressure Vessel Installation Permit

3017 N. Stiles Ave, Suite 100 Oklahoma City, OK 73105 (405) 521-6100 Ext 3

odolboilers@labor.ok.gov

*This form is only to be used as supplemental page for "Boiler/Pressure Vessel Installation Permit" Page.

If this page is received only your permit request will automatically be denied.*

Oklahoma Department of Labor
Safety Standards Division Boiler/PV Inspections

PERMIT NUMBERS CANNOT BE ISSUED NOR INSPECTIONS SCHEDULED UNTIL PAYMENT HAS BEEN PROCESSED

Boiler/Pressure Installer Permit Fee: \$10 Per Boiler/PV Listed Below

OBJECT LOCATION: NOTE:Address must match object location address on "Boiler/Pressure Vessel Installation Permit Page.

Address City, Zip &County

Will this replace an existing boiler/pv? Yes No OK# Replaced

Specific Location: (i.e. 3rd floor utility room)

OK# National Board# Manufacturer Manufacturer Serial # Year Built

Unit Type:

Sec 1 HP Steam Sec IV LP Steam Sec IV Hotwater Sec IV Hotwater Sec VIII Sec

Will this replace an existing boiler/pv? Yes No OK# Replaced

Specific Location: (i.e. 3rd floor utility room)

OK# National Board# Manufacturer Manufacturer Serial # Year Built

Unit Type:

Sec 1 HP Steam Sec IV LP Steam Sec IV Hotwater Sec IV Hotwater Sec VIII Sec

Will this replace an existing boiler/pv? Yes No OK# Replaced

Specific Location: (i.e. 3rd floor utility room)

OK# National Board# Manufacturer Manufacturer Serial # Year Built

Unit Type:

Sec 1 HP Steam Sec IV LP Steam Sec IV Hotwater Sec IV Hotwater Sec VIII Sec VIII Sec VIII (more 15psi) (less 15 psi) Heating Bldg Supply Domestic Air C0202 CNG

Will this replace an existing boiler/pv? Yes No OK# Replaced

Specific Location: (i.e. 3rd floor utility room)

OK# National Board# Manufacturer Manufacturer Serial # Year Built

Unit Type:

Sec 1 HP Steam Sec IV LP Steam Sec IV Hotwater Sec IV Hotwater Sec VIII Sec VIII Sec VIII (more 15psi) (less 15 psi) Heating Bldg Supply Domestic AIR C0₂0₂ CNG

Will this replace an existing boiler/pv? Yes No OK# Replaced

Specific Location: (i.e. 3rd floor utility room)

OK# National Board# Manufacturer Manufacturer Serial # Year Built

Unit Type:

ADDITIONAL RECOMMENDATIONS AND REMARKS BY INSTALLER.

BY INITIALLING BELOW I HEREBY CERTIFY THAT THE INSTALLATION COMPLIES WITH JURISDICTIONAL CODE REQUIREMENTS Installer Name (Print) I

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