



Three Park Avenue, New York, NY 10016

ASME Application for Accreditation

Company: _____
(Company name as it will appear on the Certificate)

Division: _____
(Division, department, etc., if it is to appear on the Certificate)

This application is for the following location:

Address: _____
(Give full address)

City	State	Country	Postal code
_____	_____	_____	_____

<input type="checkbox"/> Plant	<input type="checkbox"/> New	If renewal, complete the following:
<input type="checkbox"/> Field Site	<input type="checkbox"/> Renewal	Current Certificate Number(s): _____
		Expiration date: _____

Check the Certificate(s) and stamps being applied for:

- | | | |
|---|---|--|
| <input type="checkbox"/> *N Nuclear | <input type="checkbox"/> *N3 Transportation/Storage Containers | <input type="checkbox"/> RTP Reinforced Thermoset Plastic Vessels |
| <input type="checkbox"/> *NA Nuclear Assembly | <input type="checkbox"/> NO Nuclear Owner | <input type="checkbox"/> QEI Qualification of Elevator Inspectors |
| <input type="checkbox"/> *NPT Nuclear Partials | <input type="checkbox"/> MO Material Organization, | |
| <input type="checkbox"/> *NV Nuclear Safety Valves | <input type="checkbox"/> AIA Authorized Inspection Agency | |
| <input type="checkbox"/> *NS Nuclear Supports | | |

*** Important:** If marked with an * you must complete the following:

The Authorized Inspection Agency performing our Code inspection is _____

----- Application must be signed on page 2 -----

Company Abbreviation: Please indicate if the company chooses to use an abbreviation on the nameplate or in the stamping.

Yes No If yes, the abbreviation will consist of _____

Note: A Certificate Holder may use either the company's full name or the above abbreviation on the nameplate or in the stamping. The Certificate Holder must list the company's full name as listed on the ASME Certificate on the ASME Manufacturer's Data Report.

Accreditation Agreement

The organization listed on the front of this Application for Accreditation (the "Applicant") performs or subcontracts the design, fabrication, production, testing, assembly, construction and/or installation of items at the address given, and makes this application to The American Society of Mechanical Engineers (ASME) for the appropriate Certificate of Accreditation, Certificate of Acceptance, or Certificate of Authorization permitting use of the associated Code Symbol Stamp. The Applicant:

- (1) Agrees to use the Certificate and/or Stamp in accordance with the applicable ASME Code or Standard governing this application.
- (2) Agrees to return the stamp and/or Certificate anytime ASME may so request, at the time the Applicant discontinues the work covered, or at the time of expiration, if not renewed.
- (3) Accepts the conduct of announced or unannounced audits as required by the appropriate ASME accreditation body. Access to the inspection site to conduct audits, reviews or surveys, including travel to and from the site, is the responsibility of the Applicant. If access is blocked or impeded, ASME is not responsible for the Applicant failing to receive, or continue to have accreditation.
- (4) Agrees to indemnify and hold harmless ASME and its agents from and against any costs (including legal fees and expenses) and any direct, indirect, incidental or consequential damages (including loss of profits or business opportunity) arising out of any claim or cause of action in any way related to this Agreement or the subject matter hereof, including but not limited to claims based on contract, tort (including negligence), strict liability or breach of warranty (express or implied).
- (5) Understands that the Applicant's use of the ASME mark may be allowed provisionally by ASME in its discretion until a decision is made on an appeal of an action of an ASME subcommittee, committee or board and accepts the obligation to pay all legal fees and expenses and ASME's cost for recovering the Certificate and stamp if not returned.

Legal Company Name: _____

Signed: _____
Signature must be by a Company Officer or Designee

Title: _____

Date: _____



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FORM R

(Company name as it will appear on the Certificate)

(Division, department, etc., if it is to appear on the Certificate)

Indicate which items are to be covered by the Certificate:

CERTIFICATE

- | | |
|--|--|
| <input type="checkbox"/> RTP Shop Fabrication | <input type="checkbox"/> Dual Laminate Shop Fabrication |
| <input type="checkbox"/> RTP Field Assembly and Repair*
(Requires RTP Shop Fabrication) | <input type="checkbox"/> Dual Laminate Field Assembly and Repair*
(Requires Dual Laminate Shop Fabrication) |
| <input type="checkbox"/> RTP Field Fabrication
(Requires RTP Shop Fabrication) | <input type="checkbox"/> Dual Laminate Field Fabrication
(Requires Dual Laminate Shop Fabrication) |

*Field Repair is allowed on new construction only, prior to equipment being placed in service.

FABRICATION

- | | | | |
|--------------------------|--------------------------|---|-------------|
| RTP | Dual Laminate | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Type I – Hand Lay-up | (Mandatory) |
| <input type="checkbox"/> | <input type="checkbox"/> | Type II – Hand Lay-up | (Mandatory) |
| <input type="checkbox"/> | <input type="checkbox"/> | Type I – Spray-up | (Optional) |
| <input type="checkbox"/> | <input type="checkbox"/> | Type II – Spray-up | (Optional) |
| <input type="checkbox"/> | <input type="checkbox"/> | Filament Wound (Shop) | (Optional) |
| <input type="checkbox"/> | <input type="checkbox"/> | Filament Wound (Field) | (Optional) |
| | | (Requires Shop Fabrication and Filament Wound (Shop) Laminates) | |

Dual Laminate Lining Class: A B C
(See M12G-530)

SYMBOL STAMP

When authorized, we prefer (check one or both): Metal Stamp Rubber Stamp

Signed: _____
(Signature must be by a Company Officer)

Title: _____

Date: _____



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Form D

Company: _____
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Division: _____
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Location (provide full address):

Corporate/Mailing	Plant	Field Site
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contact name: _____ Fax: _____

Title: _____ E-mail: _____

Telephone: _____ Company Website: _____

Jurisdictional Authority (if applicable): _____

Authorized Inspection Agency of record (if applicable): _____

Recommended hotel or motel for team (provide name, full address, and telephone numbers):

First choice	Second choice
_____	_____
_____	_____
_____	_____
_____	_____

Recommended airport (include city name): _____

Miles from airport to lodging: _____ Miles from lodging to office/plant/site: _____

Recommended airport to lodging transfer:

- ___ Taxi
- ___ Limo
- ___ Hotel provided limo
- ___ Rent car
- ___ Pickup by company

Signed: _____

Title: _____

Date: _____

Please provide the following information if Refund of advanced deposit (if applicable) is to be done electronically:
 (*Must be Provided) - *Name of Bank: _____ ABA Routing Number: _____
 *SWIFT Code: _____ *Account Number: _____
 *Account Name: _____

