

National Board Number	Object Description:			Manufacturer Name:	Serial Number:	Size, Volume, Rating:			
	Type:	Use:	MAWP:			PPH or SQ FT	BTU	GAL or Volume	Designator

Installer:		NV Contractor License:	
Subcontractors (if any):		NV Contractor License:	
Installer Mailing Address: (Street, City, State, Zip)			
Name of Person Submitting Application:		Title:	Date:
Phone:		Fax:	
Email:			