

STATE OF HAWAII DEPARTMENT OF LABOR & INDUSTRIAL RELATIONS

HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION BOILER & ELEVATOR INSPECTION BRANCH 830 Punchbowl Street Room 425, Honolulu, Hawaii 96813

Instruction Sheet for Certificate of Competency Application

Please completely fill out the Certificate of Competency Application Form

The Delivery Information section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form.

Delivery Information

Delivery by U.S. Mail or In-Person

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division Princess Keelikolani Building 830 Punchbowl Street, Room 425 Honolulu, Hawaii 96813

Delivery by e-mail: dlir.hiosh.boiler@hawaii.gov



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DEPARTMENT OF LABOR & INDUSTRIAL RELATIONS
HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION
BOILER & ELEVATOR INSPECTION BRANCH
830 Punchbowl Street Room 425, Honolulu, Hawaii 96813

CERTIFICATE OF COMPETENCY APPLICATION

Application Date

Name of Applicant	Mailing Add	Mailing Address		
Phone No.	City	City		
E- mail Address	State		Zip Code	
Name of Employer				
Address		City	State	Zip Code
Does Applicant hold a current certificate of ☐ Yes ☐ No	r commission issued by	y other states?	If yes, v	which states?
National Board Commission No.	Endorsements		Years of Boiler/Pressure Vessel Experience	
Please enclose a copy of National Boa DIRECTOR, BUDGET & FINANCE • Competency Examination Fee (F • Competency Renewal Fee: \$100	irst Time Applicant):		and a check ma	ade payable to:
Review the requirements of Part 10, ASME Boiler & Pressure Vessel Cod		tive Rules, applica	ble NBIC and	
	Applicant's Signa	ture		
		FOR OFFI	CE USE ONLY	
	Amount Paid	1 010 0111	Check No.	
	Approval Approved	☐ Not Approved	Approved By	
	Hawaii State Co	ommission Issued?	Commission N	No.