

BOILER OR PRESSURE VESSEL REGISTRATION FORM

The State of Maryland requests that you update the information below and return within 10 days. If there are no changes, please continue to get your object(s) inspected to maintain valid certificate(s).

LOCATION	Name		Phone(s)		
	Street Address, City, State, ZIP				
PRIMARY CONTACT	Company Name			Phone(s)	
	Contact Name			Title	
	Street Address, City, State, ZIP			Fax	
				Email	
Owner	Company Name			Phone(s)	
	Contact Name			Title	
	Street Address, City, State, ZIP			Fax	
				Email	
INVOICE Mailing	Company Name			Phone(s)	
	Contact Name			Title	
	Street Address, City, State, ZIP			Fax	
				Email	
CERTIFICATE MAILING	Company Name			Phone(s)	
	Contact Name			Title	
	Street Address, City, State, ZIP			Fax	
				Email	
AUTHORIZED INSPECTION	Company Name			Phone(s)	
AGENCY (see page 1)	Contact Name			Title	
	Street Address, City, State, ZIP			Fax	
				Email	
BPV #s					