South Carolina Department of Labor, Licensing and Regulation
South Carolina Boiler Safety Program
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BOILER SAFETY PROGRAM REVISION APPLICATION
Document 250

Instructions/Requirements:
- No fee is required for this application.
- List the most current information below. Your records will be updated according to this application.
- If your employer has changed, please provide proof of employment (i.e. Verification of employment letter, W-2, etc.).

INSPECTOR INFORMATION

Inspector Name:_____ License No: _____

Mailing Address: _____
Street City State Zip

Phone No.: _____ Fax No.: _____

Email Address: _____

Commission No: NB_____ Date of Birth: _____

If commissioned by another source, please list the name and license number of the source:

_____
Source Certification Number

EMPLOYER/COMPANY INFORMATION

Employer/Company Name: _____

Employer/Company Address: _____
Street City State Zip

Employer/Company Phone No.: _____ Employer/Company Fax No.: _____

Employer/Company Email Address: _____

PERSONAL HISTORY QUESTIONS

If you answer "Yes" to any of the below questions, please attach a detailed written explanation along with any supporting documentation.

Have you legally changed your name, including marriage or divorce? ☐ Yes ☐ No

Since your certification, has there been any change in the status of your lawful presence in the United States? ☐ Yes ☐ No

_____ _____
Signature of Commissioned Inspector Date