

**BOILER OR PRESSURE VESSEL REGISTRATION FORM**

Boiler/Pressure Vessel Safety Inspection  
1100 N Eutaw Street, Room 601-605

Baltimore, MD 21201

[Boiler.Safety@maryland.gov](mailto:Boiler.Safety@maryland.gov)

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 Agency**  **(see page 1)** | **Company Name** | | | | | **Phone(s)** | | |
| **Contact Name** | | | | | **Title** | | |
| **Street Address, City, State, ZIP** | | | | | **Fax** | | |
| **Email** | | |
|  |  | | | | |  | | |
| **BPV #s** | |  |  |  |  | | |  | |

Rev. 8/20

**Division of Labor and Industry  
Safety Inspection Unit**

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