



South Carolina Department of Labor, Licensing and Regulation
South Carolina Boiler Safety Program
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llr.sc.gov/boil

Inspection Agency Registration Form for Boiler Electronic Interface And Inspection Data Submittal Report

Document 210

This form conveys to the State of South Carolina the information necessary to register your agency in the Boiler Electronic Interface Program. The form also conveys information on how your agency is to be identified in the data submitted to the State of South Carolina.

This form will also convey to the State of South Carolina the names of the boiler inspectors employed by your agency that will be submitting inspections reports to the state. Also, the State requires the name of the individual that will be responsible for distributing South Carolina boiler registration tags to their respective inspectors who will attach the tag to newly registered boilers.

South Carolina ID name assigned to inspecting agency for electronic interface inspection report.

Agency ID: _____

Name of agency performing inspections.

Company name: _____

Contact name at home office: _____

Physical Address: _____

P O Box: _____

City, State, Zip: _____

Telephone Number: _____

Cell Number: _____

Fax: _____

Email: _____

Inspection Agency Individual Responsible for Issuing Boiler Registration Tags.

Name: _____

Work Telephone: _____

Cell Telephone: _____

Fax: _____

Email: _____

South Carolina ID name assigned to inspecting agency for electronic interface inspection report.

Agency ID: _____

Inspectors.

List **each** inspector that will be submitting inspections to the State of South Carolina:

Name: _____

Work Telephone: _____

Cell Telephone: _____

Fax: _____

Email: _____

State Inspector Number: _____

Name: _____

Work Telephone: _____

Cell Telephone: _____

Fax: _____

Email: _____

State Inspector Number: _____

Name: _____

Work Telephone: _____

Cell Telephone: _____

Fax: _____

Email: _____

State Inspector Number: _____

Name: _____

Work Telephone: _____

Cell Telephone: _____

Fax: _____

Email: _____

State Inspector Number: _____

Name: _____

Work Telephone: _____

Cell Telephone: _____

Fax: _____

Email: _____

State Inspector Number: _____

Name: _____

Work Telephone: _____

Cell Telephone: _____

Fax: _____

Email: _____

State Inspector Number: _____

South Carolina ID name assigned to inspecting agency for electronic interface inspection report.

Agency ID: _____

Inspectors.

List **each** inspector that will be submitting inspections to the State of South Carolina:

Name: _____

Work Telephone: _____

Cell Telephone: _____

Fax: _____

Email: _____

State Inspector Number: _____

Name: _____

Work Telephone: _____

Cell Telephone: _____

Fax: _____

Email: _____

State Inspector Number: _____

Name: _____

Work Telephone: _____

Cell Telephone: _____

Fax: _____

Email: _____

State Inspector Number: _____

Name: _____

Work Telephone: _____

Cell Telephone: _____

Fax: _____

Email: _____

State Inspector Number: _____

Name: _____

Work Telephone: _____

Cell Telephone: _____

Fax: _____

Email: _____

State Inspector Number: _____

Name: _____

Work Telephone: _____

Cell Telephone: _____

Fax: _____

Email: _____

State Inspector Number: _____

Submit form to the attention of the Boiler Safety Program at the address located on page 1.