

**FORM NM-1 CERTIFICATE HOLDER'S DATA REPORT FOR
TUBULAR PRODUCTS AND FITTINGS WELDED WITH FILLER METAL***
As Required by the Provisions of the ASME Code, Section III, Divisios 1, 2, 3 and 5

1. Manufactured and certified by _____
(name and address of N Type Certificate Holder)
2. Manufactured for _____
(name and address of Purchaser)
3. Location of installation _____
(name and address)
4. Identification _____
(lot, etc.) (CRN) (drawing no., rev) (National Bd. no.) (year built)
5. ASME Code, Section III: _____
(Division) (edition) [Addenda (if applicable)] (class) (Code Case no.)
6. Mat'l. Spec. _____
(SA and spec no.) (tensile strength) (nominal thickness) (diameter ID) (pipe length and fitting type)
7. Test Pressure, If performed _____
8. Remarks

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that the products defined in this report conform to the rules for construction of the ASME Code, Section III, Division _____, NPT Certificate of Authorization No. _____ Expires _____
If applicable and performed, the radiographic film and a radiographic report showing film location are attached to the Certified Material Test Reports provided for the material covered by this report.

Date _____ Name _____ Signed _____
(N Type Certificate Holder) (authorized representative)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and employed by _____
Certificate of Accreditation No. _____ Expires _____ state that to the best of my knowledge and belief, the Certificate Holder has constructed this product in accordance with the ASME Code, Section III, Division _____.
By signing this certificate neither the Inspector nor the Inspector's employer makes any warranty, expressed or implied, concerning the products described in this Data Report. Furthermore, neither the Inspector nor the Inspector's employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Date _____ Signed _____ Commission _____
(Authorized Nuclear Inspector) [National Board Number and Endorsement]

*Supplemental information in the form of lists, sketches, or drawings may be used provided: (1) information in items 1 through 3 on this data report is included on each sheet, and (2) each sheet is numbered and the number of sheets is recorded at the top of each page of this form.