

**FORM N-2 CERTIFICATE HOLDER'S DATA REPORT FOR IDENTICAL NUCLEAR PARTS  
As Required by the Provisions of the ASME Code, Section III  
Not to Exceed One Day's Production**

1. Manufactured and certified by: \_\_\_\_\_

2. Manufactured for: \_\_\_\_\_

3. Location of Installation: \_\_\_\_\_

4. ASME Code, Section III: Edition: \_\_\_\_\_ Addenda: \_\_\_\_\_ Subsection: \_\_\_\_\_

5. Division: \_\_\_\_\_ Code Case Numbers/Revisions: \_\_\_\_\_

Part Description: \_\_\_\_\_

Fabricated in accordance with: \_\_\_\_\_ Revision: \_\_\_\_\_

Test Type: \_\_\_\_\_ Test Pressure: \_\_\_\_\_ Test Temperature: \_\_\_\_\_

Pressure Boundary Material(s) Description or Identification:	Traceability Information (heat, lot, etc.):	Material Specification(s):	Tensile Strength:

Identification of Part:	National Board Number (if used):

Remarks:

IDENTIFICATION OF PARTS \_\_\_\_\_ TO \_\_\_\_\_

**CERTIFICATE OF COMPLIANCE**

We certify that the statements made in this report are correct and that these parts conform to the rules of construction of the ASME Code, Section III.

Certificate of Authorization #: \_\_\_\_\_ Expires: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signed: \_\_\_\_\_

**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 fabricated these parts in accordance with the ASME Code, Section III requirements identified herein. Each part has been authorized for stamping on this date. By signing this certificate neither the Inspector nor the Inspector's employer makes any warranty, expressed or implied, concerning the equipment 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 loss of any kind arising from or connected with this inspection.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Commission: \_\_\_\_\_