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DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF FIRE SAFETY

APPLICATION FOR INSPECTOR'S CERTIFICATE OF  
COMPETENCY IN THE STATE OF MISSOURI

*PLEASE TYPE OR PRINT*

**General Information**

Name of Applicant: \_\_\_\_\_

Home Address (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Telephone Number (optional): \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

\*\*Email Address: (This is used for most correspondence from our office)

\_\_\_\_\_

**Experience**

Briefly summarize your experience in the construction, installation, maintenance, repair,  
operation, or inspection of boiler and pressure vessels: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Months of experience as a steam operating engineer: \_\_\_\_\_

Months of experience as a boiler maker: \_\_\_\_\_

Months of experience as a commissioned inspector: \_\_\_\_\_

Do you possess a Mechanical Engineering degree? \_\_\_\_\_

**Application for Missouri Certificate of Competency**  
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Beginning with the most current employer, list your former employers and positions held with each employer during the past five years. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Employer: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Supervisor's MO Certificate of Competency Number: \_\_\_\_\_  
Supervisor's National Board Commission Number: \_\_\_\_\_  
Supervisor's Business Address (*required*): \_\_\_\_\_

Supervisor's Signature (*required*): \_\_\_\_\_

**Please attach a copy of the National Board Commission and a current Certificate of Competency to this application. Failure to do so will delay the issuance of the Missouri Certificate of Competency.**

Have you ever had a Certificate of Competency or National Board Commission revoked or suspended in any state of the United States or Province of Canada?

Yes  No  If so, please explain on a separate page.

Have you ever held a certificate of competency in Missouri? Yes  No

If so, please provide the number of the certificates. \_\_\_\_\_

I hereby certify that I have read, am familiar with and possess a copy of RSMO 650.00 through 650.295, otherwise known as the Missouri Boiler & Pressure Vessel Safety Act, and 11 CSR 40-2.010 through 11 CSR 40-2.060, otherwise known as the Missouri Boiler and Pressure Vessel Administrative Rules. As a commissioned inspector, I will perform my duties in accordance with these laws and rules.

\_\_\_\_\_  
**Applicant's Signature**