

**Iowa Division of Labor**  
**Boiler and Pressure Vessel Safety**  
 150 Des Moines Street  
 Des Moines, IA 50309-1836  
 Phone: 515-725-5609/515-725-5610  
 Fax: 515-242-5076  
[boilers@iwd.iowa.gov](mailto:boilers@iwd.iowa.gov)  
[www.iowaboilers.gov](http://www.iowaboilers.gov)

# Special Inspector Commission (SIC) Application

New      Renewal

You must have an  
 "IS" Commission issued  
 by the National Board of  
 Boiler and Pressure Vessel  
 Inspectors to apply.

**Send a completed application with the following:**

1. Copy of the front and back of the applicant's current valid National Board of Boiler and Pressure Vessel Inspectors work card.
2. \$55.00 annual fee (check or money order made out to Division of Labor – Boiler Safety).
3. A current passport style photograph with a solid natural color background.

Name		Social Security #			
Mailing address		City		State	Zip
Home phone number	Email		National Board Commission #		Previous Iowa Commission #
Employer		Employer address			
City		State	Zip	Manager's name	
Manager's title		Manager's email			Manager's phone #

**I understand and agree to the following:**

- I shall notify the Division of Labor within thirty days of any change to the information in this form or its attachments.
- As a new applicant I shall schedule a meeting with Chief Boiler Inspector to discuss Iowa law and the responsibilities, expectations, and requirements for a special inspector.
- I have read and understand Iowa Code Chapter 89 and Iowa Annotated Code chapters 875—90 and 96. The code provisions and administrative rules can be obtained at [www.iowaboilers.gov](http://www.iowaboilers.gov).
- I agree to apply all the applicable requirements identified in the Iowa Code (Chapter 89), the Administrative Rules (chapters 90-96), and all adopted codes identified in section 91.1 to each inspection I perform.
- I will provide copies of my completed report of inspection to the Division of Labor within fourteen days of completing the inspection. The report shall list all noteworthy conditions that are within the scope of the Iowa Code Chapter 89, all recommendations, and all requirements.
- I agree to receive and accept service of any official notice or mailings from the Division of Labor at either of my addresses listed above pursuant to Iowa code section 17A.2.
- I understand the Division of Labor may deny this application or revoke my commission if I make false, misleading, or fraudulent statements within this application or its attachments. I further understand that the Division of Labor may deny this application or revoke my commission if I do not hold a National Board Commission or for any reason listed in Iowa Annotated Code subrules 875—90.9(7) to 90.9(9).
- I agree that should I not maintain my National Board Commission; my Iowa Special Inspector Commission becomes null and void.

**I certify that the information provided by me on this form and the attachments (if any) is true and accurate.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Notice:**

Iowa Code Chapters 252J and 272D require special inspector commissions to be maintained by social security number. If you withhold your social security number, this application will be denied. Your social security number may be shared with other government agencies. If you are behind in payments, this or future applications may be denied, or your SIC may be suspended or revoked.