

**FORM NB-4
NEW BUSINESS OR DISCONTINUANCE
USED BY AUTHORIZED INSPECTION AGENCIES**

To: _____
JURISDICTION
1. DATE OF SERVICE

2. Notice of: New insurance business Discontinuance or cancellation Refusal to insure
 3. Effective date _____ 4. Type of object: High pressure boiler Low pressure boiler Pressure vessel

5. OBJECT	6. OWNERS NO.	7. JURISDICTION NO.	8. NATIONAL BOARD NO.	9. NAME OF MANUFACTURER

10. NAME OF OWNER

11. NAME OF OWNER INCLUDING COUNTY

12. LOCATION OF OBJECT INCLUDING COUNTY

13. USER OF OBJECT (IF SAME AS OWNER SHOW "SAME")

14. DATE OF LAST CERTIFICATE INSPECT., (IF ANY)	15. CERTIFICATE ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No	16. REASON FOR DISCONTINUANCE OR CANCELLATION <input type="checkbox"/> Phys. condition <input type="checkbox"/> Out of use <input type="checkbox"/> Other
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17 REMARKS (USE REVERSE SIDE IF NECESSARY)

18. By: _____
CHIEF INSPECTOR
BRANCH OFFICE