

Application Date : _____

Company Name:	Company ID:
Division Name (If Applicable):	
Address of Location Being Surveyed:	

Facility Information	
<p>Provide a response to 1, 2, and 3 below for each location for which this application is being submitted.</p> <p>1. Provide the acreage and number of buildings.</p> <p>2. Indicate the activities performed and the number of employees performing activities which control/affect quality.</p> <p>3. Provide distances with units between buildings from the main facility. Indicate best mode of transportation and length of time to reach buildings/locations, i.e., walking, car, airplane, train.</p>	

Facility Limitations	
<p>4. Are there any limitations on the entry to your facilities that could obstruct the progress of the survey activities or prevent non-nationals entry to certain buildings or areas in the facility?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide explanation:</p>
<p>5. Is there a shortened work week schedule or multiple shifts?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide explanation:</p>

Facility Restrictions	
<p>6. Are there restrictions on the use of personal computer, cell phones, flash drives or other electronic equipment in your facilities?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide explanation:</p>

Facility Services	
<p>7. Are copying, computer, phone, and Internet services available to the survey team within your facilities?</p>	<p>Use of copying machines? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Use of computers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Internet service available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Use of a phone? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Code Work	
<p>8. Code work performed since the last ASME Survey</p>	<p>Has there been any certification or application of the Certification Mark under the ASME Certificate since the last ASME survey?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Language	
<p>9. Proficiency In English</p>	<p>Are employees that are involved with the Quality Program or have an impact on quality proficient in speaking English?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are the procedures, process sheets, and/or drawings written in the English language?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Survey Team Size Questionnaire

Two Park Avenue tel 1.212.591.7575
New York, NY fax 1.212.591.8599
10016-5990 U.S.A. www.asme.org

Company Name:	Company ID:
Division Name (If Applicable):	
Address of Location Being Surveyed:	

Programmatic Changes (for Applicants renewing certificates only)	
10. Has there been changes in the organization from those in effect at the time of issuance or last renewal of the Certificate. This could include reorganization, a merger or acquisition, or change in key personnel?	
11. Were there any major rewrites of the Quality Manual or is a major rewrite planned to be submitted to the Survey Team at the time of the survey?	
12. Has there been any significant changes in the magnitude of business within the scope of the Certificate? (Example: the company business was only manufacturing parts or small components, and now will be manufacturing large or complete components.)	

Supplemental Application Form for the Nuclear Component Certification Program

Two Park Avenue tel 1.212.591.7575
New York, NY fax 1.212.591.8599
10016-5990 U.S.A. www.asme.org

FORM A

Company Name:	Company ID:
Division Name (If Applicable):	
Address of Location Being Surveyed:	

Information for the ASME Survey Team:

Enter "P" (Perform Activity) or "S" (Subcontract Activity) or both in the spaces below for each activity:

Procurement of Material
 Design
 Fabrication
 Installation
 Testing
 Examination

Self-Imposed Code Limitations: Please specify any self-imposed Code limitation. Examples of Code limitations allowed are product size, form, and type, Code Cases, and Code Edition/Addenda.

Self-Imposed Program Scope: All Certificate Holders are expected to include in the Program Scope and demonstrate during the Survey the following activities related to material used in construction activities. Please enter "E" (Excluded) in the space provided for each activity excluded from the program scope;

Qualification of Material Organizations
 Qualification and control of suppliers of source material and subcontracted services
 Utilization of Unqualified Source Material
 Use of Material subject to Fracture Toughness Requirements
 Supply of Replacement Material (NCA-3561(d))
 Certification of Material
 Product Form Conversion

Check Classes of Construction

N⁽³⁾ New Renewal (Enter Current Certificate Number)

Choose Type of Certificate:	Class:	Division 1					Division 2	Division 3		
		1	2	3	CS	MC	CC	TC	SC	TP ⁴
Vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>				
Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Piping Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Polyethylene Piping Systems			<input type="checkbox"/>							
Storage Tanks		<input type="checkbox"/>	<input type="checkbox"/>							
Core Support Structures				<input type="checkbox"/>						
Concrete Containments						<input type="checkbox"/>				
Shop Assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Transport Packaging ⁵										<input type="checkbox"/>

For Corporate Extension Only: Enter the location address if different from the Corporate location.

Check here to furnish material under this certificate.
 Check here to include providing services under this certificate

NV⁽³⁾ New Renewal (Enter Current Certificate Number)

Choose Type of Certificate:	Class:	Division 1					Division 2	Division 3		
		1	2	3	CS	MC	CC	TC	SC	TP ⁴
Pressure Relief Valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

For Corporate Extension Only: Enter the location address if different from the Corporate location.

Check here to furnish material under this certificate.
 Check here to include providing services under this certificate

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FORM A

N3	<input type="checkbox"/> New	<input type="checkbox"/> Renewal (Enter Current Certificate Number)										
Choose Type of Certificate:			Division 1				Division 2		Division 3			
			Class:	1	2	3	CS	MC	CC	TC	SC	TP⁴
Transportation/Storage Containments										<input type="checkbox"/>	<input type="checkbox"/>	
Shop Assembly				<input type="checkbox"/>								
For Corporate Extension Only: Enter the location address if different from the Corporate location.												
<input type="checkbox"/> Check here to furnish material under this certificate.			<input type="checkbox"/> Check here to include providing services under this certificate									

NPT^(3,5)	<input type="checkbox"/> New	<input type="checkbox"/> Renewal (Enter Current Certificate Number)										
Choose Type of Certificate:			Division 1				Division 2		Division 3			
			Class:	1	2	3	CS	MC	CC	TC	SC	TP⁴
Fabrication without Design Responsibility				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Pipe					<input type="checkbox"/>							
Fabrication with Design Responsibility for Appurtenances				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fabrication with Design Responsibility for Supports ⁵				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
Fabrication without Design Responsibility for Supports ⁵				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
For Corporate Extension Only: Enter the location address if different from the Corporate location.												
<input type="checkbox"/> Check here to furnish material under this certificate.			<input type="checkbox"/> Check here to include providing services under this certificate									

NS	<input type="checkbox"/> New	<input type="checkbox"/> Renewal (Enter Current Certificate Number)										
Choose Type of Certificate:			Division 1				Division 2		Division 3			
			Class:	1	2	3	CS	MC	CC	TC	SC	TP⁴
Fabrication without Design Responsibility				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
Fabrication with Design Responsibility				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
For Corporate Extension Only: Enter the location address if different from the Corporate location.												
<input type="checkbox"/> Check here to furnish material under this certificate.			<input type="checkbox"/> Check here to include providing services under this certificate									

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FORM A

NA ⁽³⁾	<input type="checkbox"/> New	<input type="checkbox"/> Renewal <small>(Enter Current Certificate Number)</small>									
Choose Type of Certificate:			Division 1			Division 2	Division 3				
	Class:		1	2	3	CS	MC	CC	TC	SC	TP ⁴
Field Installation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Polyethylene Pipe					<input type="checkbox"/>						
Shop Assembly ²			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Polyethylene Pipe					<input type="checkbox"/>						
For Corporate Extension Only: Enter the location address if different from the Corporate location.											
<input type="checkbox"/> Check here to furnish material under this certificate.						<input type="checkbox"/> Check here to include providing services under this certificate					

Activities performed at another location³:

Address:	
Code Activities Performed:	

Footnotes:

- ¹ Only if another Certificate Holder is taking overall responsibility and applying N stamp. This Certificate Holder will apply NA stamp only.
- ² Listing of miscellaneous items (NCA-1270) on the applicable Certificate(s) is not required. Miscellaneous items (NCA-1270) are identified and characterized in applicable Design Specifications as either components, parts, appurtenances, piping subassemblies, or material, and organizations holding the appropriate Certificate(s) for the required stamping as a component, part, appurtenance, piping subassembly, or for furnishing items as material may provide NCA-1270 items without any further listings in their Certificate(s) scope.
- ³ Specific address and activities such as quality assurance, design, purchasing, forming, storage, etc., performed at another location that supports the main location as identified at the top of the form, which will appear in the certificate scope.
- ⁴ Class TP for Division 3 Transport Packaging is limited to the 1995 edition, 1997 addenda up to and including the 1998 edition, 2000 addenda and to the N and NPT Certificate. Class TP is available only when an existing contract/purchase order requires this class of construction. A statement identifying the Class TP contract/purchase order scope of work must be enclosed with the application.
- ⁵ Fabrication with and/or without design responsibilities for supports is limited to the 1998 edition, 1998 addenda, and earlier editions and addenda of the Boiler and Pressure Vessel Code (BPVC).