OPERATIONS
POLICY & PROCEDURE NOTICE # 12/95

TO: Distribution
FROM: Richard Visconti, R.A.
DATE: October 4, 1995
SUBJECT: Certification of removed boiler and existing boiler.

PURPOSE: To establish a procedure to allow qualified boiler inspectors to certify that a boiler has been removed or to certify the number of existing boilers at a premise.

SPECIFICS: The Department will accept an affidavit by a qualified boiler inspector certifying the removal of a boiler or the number of active boilers at a premise. The enclosed copy of the affidavit must be completed and submitted by the inspector.

The following New York City licensed inspectors who are qualified to perform the inspections are:

1. High Pressure Boiler Operators
2. Oil Burner Equipment Installers
3. New York City Authorized Insurance Companies
4. Licensed Master Plumbers

Spot-check inspections will be performed by the Boiler Division for verification. If upon the spot-check inspection, the Department discovers a discrepancy in the number of boilers reported on the affidavit and the number of boilers witnessed, then the Department will issue a violation to the building owner and refer the report to the Investigations, Audits and Discipline Unit (IAD).
# The City of New York
**Department of Buildings**

## Self-Certification of Removed or Existing Boiler

For Office Use Only

### 1. Premise Address
- **Borough**
- **Block**
- **Lot(s)**
- **House No(s).**
- **Street Name**
- **Apt / Condo No(s).**
- **Floor(s)**
- **Special Place Name**
- **AKA Address**

### 2. Building Occupancy
- **Multiple Dwelling**
- **Commercial**
- **Mixed-Use**
- **Total Number of Units (residential or commercial):**

### 3. Authorized New York City Boiler Inspector
- **Name**
- **License No.**
- **Address**
- **City**
- **State**
- **Zip**
- **Contact Person**
- **Business Phone ( )**

- **Oil Burner Equipment Installer**
- **Master Plumber**
- **High Pressure Boiler Operator**

### 4. Boiler Insurance Company
(Fill out this section only if an insurance company performed the inspection.)
- **Insurance Company**
- **Address**
- **City**
- **State**
- **Zip**
- **Contact Person**
- **Business Phone ( )**
- **Name of Policy Holder**
- **Address**
- **City**
- **State**
- **Zip**
- **Certificate / Policy No.**
- **Expiration Date**

### 5. Inspector's / Boiler Insurance Company's Statement

A. I attest that the following boiler number(s) is(are) the only existing boiler(s) at this premise. Please correct your records.

- **Existing boiler and serial number(s)**
- **Date observed:**

- **Total number of existing boilers:**

(Fill out the following section if boilers were removed.)

B. I attest that the following boiler number(s) was(were) removed from the premise. Please void the boiler number(s) from your records.

- **Removed boiler and serial number(s)**
- **Date removed:**

- **Total number of boilers removed:**

I understand that the falsification of any statement is a misdemeanor under Section 26-124 of the Administrative code punishable by a fine or imprisonment or both and may result in the removal from participation in the self-certification program and/or disciplinary action by the Investigations, Audits and Discipline Unit (IAD).

**Licensed Inspector's Name or the Insurance Company's Authorized Representative's or Officer's Name:**

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<thead>
<tr>
<th><strong>Signature</strong></th>
<th><strong>Date</strong></th>
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<tbody>
<tr>
<td><strong>Inspector's Seal (Only for Master Plumber)</strong></td>
<td><strong>Office Use Only - Double Check</strong></td>
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<tr>
<td><strong>Inspector's Name</strong></td>
<td><strong>Inspector's Name</strong></td>
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<tr>
<td><strong>Signature</strong></td>
<td><strong>Date</strong></td>
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<td><strong>Badge No.</strong></td>
<td><strong>Status</strong></td>
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**Mail to:** N.Y.C. Department of Buildings, Boiler Division, 60 Hudson Street, 14th Floor, New York, New York 10013.