



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION
Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813
**INSTRUCTION SHEET FOR NOTIFICATION OF SALE OR RELOCATION OF
A BOILER OR PRESSURE VESSEL**

Instructions

Please completely fill out the NOTIFICATION OF SALE OR RELOCATION OF A BOILER OR PRESSURE VESSEL.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail or In-Person

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division
Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813

Delivery via Fax

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division
(808) 586-9104



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NOTIFICATION OF SALE OR RELOCATION OF A BOILER OR PRESSURE VESSEL

Buyer's Name	
Address	
Installation Address (Physical Address Required)	
Phone No. ()	Fax No. ()
Equipment to be used for (check one) <input type="checkbox"/> Business <input type="checkbox"/> Personal	
Manufacturer	Year of Manufacture.
National Board No. (See the Label Plate)	
Signature	Date Purchased

1. If "business use" is checked, an Application for Installation Permit Form and the applicable fees shall be filed by the buyer or the buyer's authorized representative with the Boiler and Elevator Inspection Branch, 830 Punchbowl Street, Room 425, Honolulu HI 96813. The check should be made payable to "Director, Budget & Finance" and mailed to the address above. To request the application form, contact the Boiler Inspection Office at (808) 586-9141, Fax (808) 586-9104.

2. A notification of sale is always required regardless of the location of installation, whether it is for personal or business use. No fees apply for personal use.

Sold by (Company or Individual)	
Address (Physical Address Required)	
Phone No. ()	Fax No. ()