



STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION  
BOILER AND ELEVATOR INSPECTION BRANCH

Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813

**INSTRUCTION SHEET FOR  
APPLICATION FOR AUTHORIZATION FOR REPAIR/ALTERATION**

**Instructions**

**Please completely fill out the APPLICATION FOR AUTHORIZATION FOR REPAIR/ALTERATION.**

Please enclose a check for \$100.00 payable to: **Director, Budget & Finance.**

Fee is not required if it is a repair of routine nature and falls under the scope of RC-2031 of the National Board Inspection Code.

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



STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION  
BOILER AND ELEVATOR INSPECTION BRANCH

Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813

APPLICATION FOR AUTHORIZATION FOR REPAIR/ALTERATION

Date \_\_\_\_\_

Applicant (Name of the "R" Stamp Holder)			
Address			
Phone No. (      )			
"R" Stamp No.		Expiration Date	
Repair Location:	Shop	Field	
Equipment Owner			
Address			
Type of Equipment			
HAW/HHB/HPV No.		Manufacturer	
National Board No.	Year Built	Tentative Repair Date	
Description of Repair/Alteration (Attach a supplementary sheet if necessary.)			

\_\_\_\_\_  
Signature of Applicant