



**Office of the Illinois State Fire Marshal  
 Division of Boiler & Pressure Vessel Safety  
 James R. Thompson Center  
 100 West Randolph Street, Suite 4-600  
 Chicago, Illinois 60601  
 Phone: 312-814-1342**



**OWNERSHIP INFORMATION  
 FOR REGISTERED BOILERS / VESSELS**

**If you are the owner of the Registered Boiler(s) and/or Pressure Vessel(s), please fill out this form and submit to the  
 Office of the State Fire Marshal, Division of Boiler & Pressure Vessel Safety**

**Boiler / Vessel Owner**

Name of Building / Business \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Boiler / Vessel Number (Optional) \_\_\_\_\_

**Billing Information (Person Responsible for Payment)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 FEIN or Social Security of Owner (Not Tax-Exempt Number) \_\_\_\_\_

\* If you do not have a FEIN number, please supply us with your Social Security Number.

**Each Field must be completed or your registration will not be accepted.**

**Certification (Read and sign after completing all sections )**

**I certify under the penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedures, that I have personally examined and am familiar with the information submitted in this document, and that based on my inquiry of those immediately responsible for obtaining information, I believe that the submitted information is true, accurate and complete.**

\_\_\_\_\_  
 Print Name and Title of Responsible Person

\_\_\_\_\_  
 Signature ( Must be Original)

\_\_\_\_\_  
 Date Signed