



Supplemental Application for ASME BPE Certification

Two Park Avenue tel 1.212.591.8500
New York, NY
10016-5990 U.S.A. www.asme.org

FORM P

Company Name:		Company ID:
Division Name (If Applicable):		
Shop Address:		
City:	County/District:	
State/Province:	Country:	Postal Code (ZIP):

Certificate Requested:

- New Renewal (if renewal, complete the following):

Current Certificate Number(s): _____

Expiration Date(s): _____

Check the Type of Certificate being applied for:

Quality System Certificate

- Polymeric Static Seals – static seals constructed from polymeric materials

Authorization to Apply the ASME Single Certification Mark on Components

(Make one selection between a ‘Certificate of Authorization’ or a ‘Certificate of Authorization (Corporate)’. Select a ‘Certificate of Authorization (Site)’ when a ‘Certificate of Authorization (Corporate)’ has been selected or when a new site is being added under an existing ‘Certificate of Authorization (Corporate)’.)

- Certificate of Authorization Certificate of Authorization (Corporate)*

*Under a corporate program the Quality Management System is controlled from one central location and is implemented at more than one manufacturing location. A Certificate of Authorization (Corporate) does not authorize use of the ASME Single Certification Mark, each Certificate of Authorization (Site) will grant authorization for use of the ASME Mark. A corporate program must have a Certificate of Authorization (Corporate) and at least one active Certificate of Authorization (Site).

- Certificate of Authorization (Site)**

**Form P is required to be completed for each site manufacturing components or equipment under the corporate Quality Management System.

Corporate Certificate # (if needed): _____

Distance from the corporate address (on Corporate Certificate, if issued): _____

Type of metallic components or equipment manufactured (Check all that apply)

- Tubing Fittings Valves Vessels Tanks

When authorized, the ASME Single Certification Mark will be applied using: (Check all that apply)

- Metal Stamp Rubber Stamp Electronic File

Activities performed by Applicant at another location: (Specific activities such as Quality Assurance, Purchasing, Forming, Storage, etc., performed at another location. List specific activity(ies) and the address where the activity(ies) will occur and distance from the location where the Quality Management System Manual is being controlled, managed and administered for all locations.)



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Company Name:

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Information for the ASME Audit Team:

For each operation indicate in the space provided if you perform "P" and/or subcontract "S" or if not applicable "NA":

_____	Material Testing	_____	Nondestructive Testing	_____	Heat Treatment
_____	Cold Forming	_____	Hot Forming	_____	Welding
_____	Mechanical Polishing			_____	Electropolishing

List additional activities being subcontracted: