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| Mfr. Representative: | | | | | | | | | | | | | | | | | | | | | |  | | | | Date: | |  | | | |
| Authorized Inspector: | | | | | | | | | | | | | | | | | | | | | |  | | | | Date: | |  | | | |
| Page | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | of |  |  |
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| **FORM U-4 MANUFACTURER’S DATA REPORT SUPPLEMENTARY SHEET** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SHELL-AND-TUBE HEAT EXCHANGERS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **As Required by the Provisions of the ASME Boiler and Pressure Vessel Code Rules, Section VIII, Division 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Manufactured and certified by | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Name and address of Manufacturer) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Manufactured for | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | (Name and address of Purchaser) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Location of installation | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | (Name and address) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Type | |  | | | | | | | | | | |  |  | | | | |  | |  | | | | | | | | | | |
|  | | (Horizontal, vertical, or sphere)  (Mfr´s. Serial No.) | | | | | | | | | | | (tank, separator, heat exch., etc.) | | | | | (Manufacturer´s serial number) | | | | | | | | | | |
|  | | | | | | | | | | |  |  | | | | | | | |  |  | | |  |  | | | | | | |
| (CRN) | | | | | | | | | | |  | (Drawing number) | | | | | | | |  | (National Board number) | | |  | (Year built) | | | | | | |
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| Data Report  Item Number | | | | |  | | Remarks | | | | | | | | | | | | | | | | | | | | | | | | |
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| Certificate of Authorization: | | | | | | | Type | | |  | | | | | No. |  | | Expires | | | |  | | | | | | | | | |
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| Date |  | | Name | | | | |  | | | | | | | | | | | | Signed | | |  | | | | | | | | |
|  |  | |  | | | | | (Manufacturer) | | | | | | | | | | | |  | | | (Representative) | | | | | | | | |
| Date |  | | Name | | | | |  | | | | | | | | | Commissions | | | | |  | | | | | | | | | |
|  |  | |  | | | | | (Authorized Inspector) | | | | | | | | |  | | | | | (National Board Authorized Inspector Commission number) | | | | | | | | | |
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(07/17)