MICHAEL R. PENCE, Governor
STATE OF INDIANA

INDIANA DEPARTMENT OF HOMELAND SECURITY
*302 West Washington Street*
*Indianapolis, IN 46204*

# Request for First Inspection Rev 5

| Date Of Request | Name of Insuring Agency |
|---|---|
| Name Of Authorized Inspector | |
| Address To Which This Form Should be Returned | |
| Owners Name | |
| Owners Mailing Address | |
| Location Name | |
| Location Address | |
| Contact Name | Contact Telephone Number |

## Regulated Vessel Information

**Please Leave These Columns Blank They Are for *BPV Div. Use Only***

***For Code violations, or adverse conditions, use reverse or attach additional sheets or reports.***

| Type Of | Manufacturer | Serial # or NB # | Indiana Reg. # | Cert. Exp Date | Year Built | Loc. in Plant |
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This ' Request for First Inspection' form **cannot** be used to Notify the BPV Division of New, Cancelled or Suspended insurance risks, as referenced at 680 IAC 2-3-13. A separate form or forms must be completed to serve as that notification, and a specific Indiana registration number must be referenced for each vessel listed on that separate form. Notification as required at 680 IAC 2-3-13 cannot be accepted unless it specifically references the Indiana registration number for each vessel it is intended to reference.