the pressure equipment safety authority

Integrity Assessment Organization Client List

AB-146 2016-12

Integrity Assessment Organization: _____

AQP Number & Expiry Date _____

Company Contact Name & Phone Number: _____

Tel: _____ Email: _____

Status:

(OU) Certified Owner-user
(OUP) Owner-user in Progress
(NOU) Not Applied for Certification

Client Name	Name of Contact Person	Title	Telephone	Email	Indicate status: (OU) (OUP) (NOU)

Quality Management Representative:

Name: _____ Date: _____

Signature: _____