

Form 5A

**BOILERS AND PRESSURE VESSELS ORDINANCE**  
**(Chapter 56)**

**APPLICATION FOR EXEMPTION OF INDIVIDUAL BOILER OR PRESSURE VESSEL**  
(To be completed by Owner of pressure equipment, see Notes 1 to 4)

To the Boilers and Pressure Vessels Authority,

I, the undersigned \_\_\_\_\_ (NAME IN BLOCK LETTERS)  
of \_\_\_\_\_ (NAME of establishment)  
hereby request the Authority to consider granting exemption to the equipment below in accordance with  
Section 9 of the above Ordinance in conjunction with the information submitted herewith.

1. Equipment Class/Type now applied for exemption:

(a) Boiler -

- Electrically-heated Boiler (Autoclave)
- Special Purpose Boiler (\*Pressure Cooker/Pressure Fryer)
- Water level gauge
- Others: \_\_\_\_\_

(b) Pressure Vessel -  
Steam Receiver

- Steam Receiver (Sterilizer)
- Steam Receiver (Steam Cooker)
- Others: \_\_\_\_\_

Air Receiver

- Air Receiver as specified: \_\_\_\_\_

2. Equipment Particulars -

Maker and place (town) \_\_\_\_\_

Brand \_\_\_\_\_ Model \_\_\_\_\_

Identification No. \_\_\_\_\_

Country of Maker \_\_\_\_\_ Year manufactured \_\_\_\_\_

Heat Input (kW) (for boiler only) \_\_\_\_\_

Internal Capacity (Litre) \_\_\_\_\_

3. Maximum permissible working pressure (kPa) \_\_\_\_\_

4. General description and its use: \_\_\_\_\_

5. Reasons why the provisions of the Ordinance cannot reasonably be applied:  
\_\_\_\_\_  
\_\_\_\_\_

6. Name of Owner: \_\_\_\_\_

7. Business Registration Number (if applicable) : \_\_\_\_\_

8. Correspondence address: \_\_\_\_\_  
 Flat \_\_\_\_\_ Block \_\_\_\_\_ Floor \_\_\_\_\_ Name of Building \_\_\_\_\_  
 Street No. \_\_\_\_\_ Street name \_\_\_\_\_  
 District \_\_\_\_\_ \*HK/KLN/NT
9. Telephone No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_
10. Installation address of the pressure equipment described in (1) to (3), if different from (8).  
 Flat \_\_\_\_\_ Block \_\_\_\_\_ Floor \_\_\_\_\_ Name of Building \_\_\_\_\_  
 Street No. \_\_\_\_\_ Street name \_\_\_\_\_  
 District \_\_\_\_\_ \*HK/KLN/NT
11. The following document endorsed by the Appointed Examiner (name : \_\_\_\_\_)  
 as attached are :
- (a) [ ] Maker's certificate, and Inspection Certificate issued by \*recognized/independent inspection body, or
  - (b) [ ] Combined maker's and certificate of inspection during construction issued by recognized inspection body and;
  - (c) [ ] Inspection and recommendation report by Appointed Examiner (name : \_\_\_\_\_)
  - (d) [ ] Operating Procedure(s) and safety caution sign displayed on equipment (for Autoclave only).
  - (e) [ ] Others as specified : \_\_\_\_\_
12. If exemption is granted, I will comply with the conditions required, if any. Also, I declare that the particulars entered in this form are true and accurate.

\_\_\_\_\_  
 Capacity and Signature of Applicant

\_\_\_\_\_  
 Company Chop & Date

**PLEASE READ THE FOLLOWING NOTES CAREFULLY BEFORE COMPLETING THIS FORM**

- Note 1 : Each application form is for one set of equipment only. Where more than one set of equipment is required for exemption consideration, a separate application should be made for each set. Exemption is granted only for exceptional cases.
- Note 2 : "Owner", in relation to a boiler or pressure vessel, includes any person who is in possession of the boiler or pressure vessel under an agreement of hire purchase or under a contract between a supplier of boilers or pressure vessels, or the agent of any such supplier, and such person for the sale of the boiler or pressure vessel, notwithstanding that the property in the boiler or pressure vessel has not passed to such person, and, where the owner of a boiler or pressure vessel cannot be found or ascertained or is absent from Hong Kong or is under a disability also includes the agent of the owner.
- Note 3 : All details in the application form must be given. Any missing information may affect the decision or cause delay of this application.
- Note 4 : Owner of an equipment granted exemption shall notify the Authority of any change of address or ownership, within 7 days after the change effected.