

MECHANICAL REFRIGERATION INSTALLATION REGISTRATION

Complete appropriate portion

| | | | | | | | | | | | |
|--|----|----------------------|---|--|--|------|----|-----|--|--|--|
| Installing Contractor shall prepare this form in triplicate and distribute as follows: White - Send to Wisconsin Department of Commerce Safety & Buildings Division, Box 7302, Madison, Wisconsin 53707-7302 Yellow - Send to Owner who shall POST IT IN A CONSPICUOUS PLACE. Pink - Retain for file. | | | REFRIGERATION SYSTEMS TYPE <input type="checkbox"/> Self <input type="checkbox"/> Direct <input type="checkbox"/> Indirect USE <input type="checkbox"/> Air Cond. <input type="checkbox"/> Mfg. or Storage <input type="checkbox"/> Recr. CAPACITY: <table border="1"> <tr> <td>Tons</td> <td>HP</td> <td>KVA</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> | | | Tons | HP | KVA | | | |
| Tons | HP | KVA | | | | | | | | | |
| | | | | | | | | | | | |
| User or Owner Name | | E-mail | Refrigerant # | Pounds in System | Serial No. | | | | | | |
| Street Address | | Phone number | DISTRIBUTION PIPING | | CONNECTIONS | | | | | | |
| City | | State | Zip | <input type="checkbox"/> Steel <input type="checkbox"/> Copper <input type="checkbox"/> Other | <input type="checkbox"/> Welded <input type="checkbox"/> Brazed <input type="checkbox"/> Soldered <input type="checkbox"/> Threaded | | | | | | |
| Installing Contractor Name | | | Street Address | | City | | | | | | |
| Date Installation Completed | | Contractor Telephone | e-mail | Installer Signature | | | | | | | |
| | | | | Date Registered | | | | | | | |

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1) (m)].