

**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.			<b>REFRIGERATION SYSTEMS</b>  <b>TYPE</b> <input type="checkbox"/> Self <input type="checkbox"/> Direct <input type="checkbox"/> Indirect  <b>USE</b> <input type="checkbox"/> Air Cond. <input type="checkbox"/> Mfg. or Storage <input type="checkbox"/> Recr. <b>CAPACITY:</b> <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									
<b>User or Owner Name</b>		<b>E-mail</b>	<b>Refrigerant #</b>	<b>Pounds in System</b>	<b>Serial No.</b>						
Street Address		Phone number	<b>DISTRIBUTION PIPING</b>		<b>CONNECTIONS</b>						
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	<b>Installer Signature</b>							
				Date Registered							

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