



State of Wisconsin
 Department of Safety & Professional Services
 Division of Industry Services

MECHANICAL REFRIGERATION INSTALLATION REGISTRATION

Complete appropriate portion

Installing Contractor shall prepare this form in triplicate and distribute as follows:

- 1 - Send to Wisconsin Dept of Safety & Professional Services
 Division of Industry Services, Box 7302,
 Madison, Wisconsin 53707-7302
- 2 - Send to Owner who shall POST IT IN A
 CONSPICUOUS PLACE.
- 3 - 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:			
Tons	HP	KVA	
Refrigerant #		Pounds in System	Serial No.
DISTRIBUTION PIPING		CONNECTIONS	
<input type="checkbox"/> Steel		<input type="checkbox"/> Welded	
<input type="checkbox"/> Copper		<input type="checkbox"/> Brazed	
<input type="checkbox"/> Other		<input type="checkbox"/> Soldered	
<input type="checkbox"/> Threaded			
WI Registration Tag No.		HVAC Contractor # (Required) & (Exp.) (Number) (Expiration Date)	
Installing Contractor Name	Street Address	City	State
			Zip Code
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)].