



Mechanical Refrigeration Installation Registration

State of Wisconsin
Department of Safety and Professional Services
Safety and Buildings Division

Complete appropriate portions

| | | | | | |
|--|----------------------|--------------|--|--|--|
| Installing contractor shall distribute copies as follows: White - Safety and 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. | | |
| User or Owner Name | | Email | 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 | | State | Zip Code |
| Date Installation Completed | Contractor Telephone | Email | Installer Signature | | Date Registered |
| Capacity: | | | Tons | HP | KVA |
| WI Registration Tag No. | | | HVAC Contractor # Required Number Expiration Date | | |

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

SBD-34-E (R11/11)