

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 OR   Email to: <mailto:DSPSSBBoilerRegistration@Wisconsin.gov>    2 - Send to Owner who shall POST IT IN A CONSPICUOUS PLACE.  3 - Retain for file. | | | | | | REFRIGERATION SYSTEMS TYPE  Self  Direct  Indirect  USE  Air Cond.  Mfg. or Storage  Recr.   |  |  |  | | --- | --- | --- | | REQUIRED CAPACITY: | | | | **Tons** | **HP** | **KVA** | | | | | | | | | |
| User or Owner Name | | | | | | Refrigerant # | | | | **Pounds in System** | | | | **Serial No.** |
|  | | | | | |  | | | |  | | | |  |
| User Email Address | | | | | | DISTRIBUTION PIPING Steel  Copper | | | | | | CONNECTIONS Welded Brazed | | |
| Street Address | | | | Phone number | | Other | | | | | | Soldered  Threaded | | |
| City | State | Zip | | | County | WI Registration Tag No. | | | | | HVAC Contractor # (Required) & (Exp.) **(Number**)       (Expiration Date) | | | |
| Site Name | | | | | | **Site Address** | | | | | | | | |
| City | | | | | | | State | | | | | Zip | | |
| 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)].