



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:DSPSSBoilerRegistration@Wisconsin.gov 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.						
REQUIRED CAPACITY:										
Tons		HP		KVA						
User or Owner Name				Refrigerant #		Pounds in System		Serial No.		
User Email Address				DISTRIBUTION PIPING <input type="checkbox"/> Steel <input type="checkbox"/> Copper <input type="checkbox"/> Other			CONNECTIONS <input type="checkbox"/> Welded <input type="checkbox"/> Brazed <input type="checkbox"/> Soldered <input type="checkbox"/> Threaded			
Street Address		Phone number								
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)].