

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 asfollows: 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 SYSTEMSTYPE [ ]  Self [ ]  Direct [ ]  IndirectUSE [ ]  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)].