



301 16th Street
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**FIRE SPRINKLER / EXTINGUISHER
REGISTRATION**

- PLEASE ENCLOSE A COPY OF YOUR RENEWED STATE LICENSE WITH THIS FORM.
- COPY OF CURRENT GAUGE CALIBRATION TEST.

Date: _____

Business Name: _____

Business Mailing Address: _____
PO Box or Street City Zip

Registrant's Name: _____

State License Number: _____ Gauge Serial # _____

PHONE NUMBERS: OFFICE _____

MOBILE _____

OTHER _____

CO. FAX _____

EMAIL: _____

OFFICIAL USE ONLY

REGISTRATION SUBMITTED _____

REGISTRATION EXPIRES _____

BL NUMBER _____