

Sprinkler & Fire Protection Installation Contractors Registration Form

Business Name		Address		City		Postal Code	
Type of Service Provided: <input type="checkbox"/> – Perform Cross Connection Survey <input type="checkbox"/> – Install Backflow Prevention Device <input type="checkbox"/> – Test Backflow Prevention Device				Primary Contact		Business Phone	
Cell				Business Fax		E-mail Address	
Registrant Journeyperson Sprinkler & Fire Protection Installer Name:				Master Business License #		Test Kit Calibration Certificate(s) #	
OCOT Membership #: _____ C of Q #: _____ Tester Certificate # {if applicable} (OWWA or ASSE): _____							
Name of Additional Journeyperson:				Journeyman Testers Certification # (OWWA or ASSE)			
OCOT Membership #: _____ C of Q #: _____							
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OCOT Membership #: _____ C of Q #: _____							
Name of Additional Journeyperson:				Journeyman Testers Certification # (OWWA or ASSE)			
OCOT Membership #: _____ C of Q #: _____							
Name of Apprentice:				Apprentice Testers Certification # (OWWA or ASSE)			
OCOT Membership #: _____							
Name of Apprentice:				Apprentice Testers Certification # (OWWA or ASSE)			
OCOT Membership #: _____							
Name of Apprentice:				Apprentice Testers Certification # (OWWA or ASSE)			
OCOT Membership #: _____							
_____ Signature of Sprinkler & Fire Protection Installation Contractor				_____ Date			