

STATE OF NEVADA



MECHANICAL COMPLIANCE SECTION

**Please complete any updated information**

**In regards to (location name & address):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Owner Information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Invoice should be sent to: select one: LOCATION OWNER OTHER**  
**(listed below)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Operating Permit should be sent to: select one: LOCATION OWNER OTHER**  
**(listed below)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form to the inspector or feel free to fax or email to the  
Mechanical Compliance office at**

**702-486-9176**

**MCS.Henderson@business.nv.gov**