

NB Number	Object Type, Use, MAWP	Manufacturer	Serial Number	PPH/SQ FT/ BTU/GAL/VOL	Designator

Installer:	NV Contractor License:	
Subcontractors (if any):	NV Contractor License(s):	
Installer Mailing Address: (Street, City, State, Zip)		
Name of Person Submitting Application:	Title:	Date:
Phone:	Email:	