

Equipment and Systems

Please indicate the type(s) of equipment and systems used by your business.

	<u>Yes</u>	<u>No</u>
1. Air Scrubber (Wet Scrubbing)	<input type="checkbox"/>	<input type="checkbox"/>
2. Aspirators	<input type="checkbox"/>	<input type="checkbox"/>
3. Autoclaves	<input type="checkbox"/>	<input type="checkbox"/>
4. Autopsy / Mortuary Tables	<input type="checkbox"/>	<input type="checkbox"/>
5. Auxiliary Water Supply	<input type="checkbox"/>	<input type="checkbox"/>
6. Boiler Feed / Make Up Water	<input type="checkbox"/>	<input type="checkbox"/>
7. Can and Bottle Washing Machines	<input type="checkbox"/>	<input type="checkbox"/>
8. Car Washing Machine (Automatic Type)	<input type="checkbox"/>	<input type="checkbox"/>
9. Carbonators	<input type="checkbox"/>	<input type="checkbox"/>
10. Chemical Dispenser	<input type="checkbox"/>	<input type="checkbox"/>
11. Cookers (Steam, Pressure, Kettle)	<input type="checkbox"/>	<input type="checkbox"/>
12. Cooling Towers	<input type="checkbox"/>	<input type="checkbox"/>
13. Dental Vacuum Pump	<input type="checkbox"/>	<input type="checkbox"/>
14. Fire Sprinkler Systems (Water Based)	<input type="checkbox"/>	<input type="checkbox"/>
15. Heat Exchangers	<input type="checkbox"/>	<input type="checkbox"/>
16. Irrigation Systems	<input type="checkbox"/>	<input type="checkbox"/>
17. Kidney Dialysis Machine	<input type="checkbox"/>	<input type="checkbox"/>
18. Laboratory Equipment	<input type="checkbox"/>	<input type="checkbox"/>
19. Laundry Machines (Industrial, Commercial)	<input type="checkbox"/>	<input type="checkbox"/>
20. Photographic Film Processing Machines	<input type="checkbox"/>	<input type="checkbox"/>
21. Portable Cleaning Equipment	<input type="checkbox"/>	<input type="checkbox"/>
22. Pumps	<input type="checkbox"/>	<input type="checkbox"/>
23. Recycled Water Systems	<input type="checkbox"/>	<input type="checkbox"/>
24. Sewage Ejector	<input type="checkbox"/>	<input type="checkbox"/>
25. Solar Hot Water Systems	<input type="checkbox"/>	<input type="checkbox"/>
26. Tanks / Vats	<input type="checkbox"/>	<input type="checkbox"/>
27. Water Softener	<input type="checkbox"/>	<input type="checkbox"/>

Acknowledgement and Signature

I certify that the information in this application is truthful and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____
Print name if signing electronically