Register your Device

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Information** | | | |
| Company Name |  | Point of Contact |  |
| Company Email |  | Company  Phone # |  |
| Address |  | Email |  |
| Federal Tax Id |  |

Device Information

A white rectangular box with black text

Description automatically generated with medium confidence

Please List the Certificate of Conformance of each device below.

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Our Office will call you to confirm your devices before we register you. You will then receive an invoice to pay for your registration. A inspector will be sent out once the registration is complete.