

Figure: 28 TAC §34.520(g)



**DO NOT REMOVE BY ORDER OF
TEXAS STATE FIRE MARSHAL**

*Name & Address and Telephone
Number of Fire Protection Firm*

Certificate of Registration Number

Name of Licensee

License Number

Signature

TYPE OF WORK

MAINTENANCE

NEW EXTINGUISHER

SERVICE (List on back)

DATE OF LAST SERVICE

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2016
											2015	
												2014
											2013	
												2012



**EXTINGUISHER TYPE, SIZE and
LOCATION:**

OWNER'S NAME and ADDRESS

LIST SERVICE PERFORMED:

(Monthly Inspection – Initial and date below)
