



Inspections Department
1 Rev. Dr. Martin Luther King, Jr. Drive
Willingboro NJ 08046
Phone # 609-877-2200 Ext. 1214 FAX # 609-877-1278

HEATING CERTIFICATION REGISTRATION

Company Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Contractor Name: _____

Note: All references to Equipment is for the equipment the contractor will be using to test the heating system

Make & Model # of Testing Equipment: _____

Serial # on Testing Equipment: _____

Testing Equipment Specifications Submitted (Copy of Manual): Yes

Home Improvement Contractors License Required: Yes/ No

Home Improvement Contractors License #: _____

Expiration Date: _____

Copy of License Attached: Yes Copy of Insurance Attached: Yes

I agree to provide the homeowner with a Heating System Certification form that can be presented to and accepted by the Township of Willingboro.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____

NOTE: If all the above information and copies of requested information are not attached then the application will be denied as incomplete.