

CITY OF LIVONIA
EQUIPMENT CERTIFICATION FORM
33000 CIVIC CENTER DRIVE
734-466-2580 – Fax 734-466-2095

FURNACE / BOILER / MECHANICAL EQUIPMENT CERTIFICATION

**MUST BE CURRENTLY LICENSED BY STATE OF MICHIGAN
AND PROVIDE A COPY OF CURRENT MECHANICAL LICENSE**

CONTRACTOR INFORMATION

MECHANICAL CONTRACTOR _____
ADDRESS _____ CITY _____
LICENSEE NAME _____ LICENSE # _____
CIRCLE CATEGORY: 1 2 3 4 5 6 7 8 9 10 A B C D E F
PHONE # _____ REGISTERED WITH CITY - YES / NO

OWNER INFORMATION AND LOCATION

JOB ADDRESS _____
OWNER NAME _____ PHONE _____

FURNACE / BOILER EQUIPMENT CONDITION

MAKE / BRAND _____ MODEL _____ SERIAL _____
C/O TEST RESULTS: FLUE _____ ppm AIR STREAM _____ ppm
HEAT EXCHANGER CONDITION _____

CONTRACTOR CERTIFICATION

ADDITIONAL COMMENTS _____

***I CERTIFY I HAVE INSPECTED THE EXISTING CHIMNEY LINER AND IT IS IN
GOOD SAFE CONDITION
CONTRACTOR NAME: _____ (PLEASE PRINT)***

CONTRACTOR SIGNATURE _____ DATE _____

***I CERTIFY THE _____ FURNACE/BOILER & CONTROLS LISTED ABOVE ARE IN
GOOD SAFE OPERATING CONDITION. I HAVE CLEANED AND CHECKED THIS FURNACE/BOILER.***

CONTRACTOR NAME: _____ (PLEASE PRINT)

CONTRACTOR SIGNATURE _____ DATE _____