



Office of the Fire Marshal Williamson County, Texas

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(512) 943-3601
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HVAC SYSTEM REPORT

Facility Name: _____ Date Tested: _____

Address: _____

City: _____ Zip: _____ Phone No. _____

THIS IS CERTIFY THAT A HEATING SYSTEM TEST AND INSPECTION HAS BEEN CONDUCTED AT THE ABOVE ADDRESS IN ACCORDNACE WITH THE REQUIREMENTS OF THE INTERNATIONAL MECHANICAL CODE AND/OR NFPA CODE 90.

CHECK ONE:

The system is free from any defects and is properly grounded.

The system needs repair. Describe any repair(s) needed: _____

The system had been repaired. Describe the repair(s): _____

Date Repaired: _____

HVAC Technician's Information

Printed Name: _____

Signature: _____

TX State Air Conditioning and Refrigeration Licensed No. _____

Company: _____

Address: _____

City: _____ Zip: _____ Phone No. _____

PLEASE UPLOAD THIS FORM TO www.wilcopermits.com WHEN APPLYING FOR AN INSPECTION AND A COPY RETAINED IN THE FILES OF THE FACILITY.