

New Mexico ENVIRONMENT DEPARTMENT



MICHELLE LUJAN GRISHAM Governor 525 Camino de los Marquez Suite 1A Post Office Box 5469 Santa Fe, NM 87502-5469 Fax (505) 476-4375 Telephone (505) 476-8600

JAMES KENNEY Cabinet Secretary

MULTIPLE DEVICE ATTACHMENT FORM [GENERAL LICENSE REGISTRATION]

INSTRUCTIONS: This form is for use as an attachment to the General License Registration Form when additional devices are applicable. Please print or type all information. Keep a copy for your records, and attach this form to the application.

Applicant Name						
Device Type				Manufacture	er	
Model No.				Serial No.		
Date Received Has the device been leak tested?		[Yes] No	What is the frequency of testing?	
Who performs the leak tests?						
Describe the method used for disposing of the device(s) (i.e., return to manufacturer).						

Device Type	Manufacturer			
Model No.	Serial No.			
Date Received Has the device been leak tested?	Yes No What is the frequency of testing?			
Who performs the leak tests?				
Describe the method used for disposing of the device(s) (i.e., return to manufacturer).				

Device Type	Manufacturer
Model No.	Serial No.
Date Received Has the device been tested?	eak Yes No What is the frequency of testing?
Who performs the leak tests?	
Describe the method used for disposing of the device(s) (i.e., return to manufacturer).	