



Warranty Registration
Return by FAX: 1.816.892.3178
or E-Mail: foampro@fireresearch.com

Fire Department: _____

Contact: _____

Address: _____

Country: _____

Phone: (_____) _____

Email: _____

Type of Apparatus

- Structural Pumper
- Wildland Pumper
- Brush Vehicle
- Airport Crash/Rescue
- Industrial Pumper
- Aerial Device
- Class A Foam Only
- Class B Foam Only
- Both Class A and B Foams

Installed By

Company Name: _____

Contact: _____

Phone: (_____) _____

Delivery Date: _____

FoamPro Serial No.: _____

FoamPro Model No.: _____

OEM Truck Brand/Model: _____

For Dealer Use Only

Dealer Sales Representative (Individual's Name)

Name: _____

Address: _____

City: _____ State: ____ Zip: _____ Country: _____

Phone: (_____) _____ Email: _____

Our department received in-service education on the operation and maintenance of the FoamPro system.

Signature of Fire Department Officer

Date

Comments: _____

This form must be returned within one year of installation.