

**GLOBE FIRE SPRINKLER CORPORATION
MODEL J DRY SPRINKLER HEAD RECALL PROGRAM
VERIFICATION FORM**

ID# _____ (Globe Use Only)

To Be Completed By Installer:

1. Property Name:

2. Property Address:

Number	Street Address	City	State	ZIP Code
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3. Name of Claimant/Owner of sprinkler heads:

4. Sprinkler Contractor Performing Replacement Work: _____

5. Number of Model J sprinkler heads replaced (indicate name and number of each model replaced):

Model	Number of Heads Replaced	Date Replaced

Attach work order, invoice or receipt showing the number of Globe Model J Dry sprinkler heads that were replaced.

I hereby declare that the Model J dry sprinkler heads at this property have been replaced in accordance with the codes and ordinances of the Local Authority Having Jurisdiction. I further declare under penalty of perjury under the laws of the United States that all information on this form is true and correct.

Signature

Print Name and Title

Installer's Tax ID Number

Date: _____

