

Figure: 28 TAC §34.521(e)

The figure shows two blank forms side-by-side, both with a circular hole at the top center. The left form is titled "DO NOT REMOVE EQUIPMENT IMPAIRED" and contains fields for the fire protection firm's name, address, and telephone number, as well as fields for the licensee's name, signature, license number, and date. The right form is titled "OWNER'S NAME and ADDRESS:" and contains a list of lines for the owner's information, followed by a section titled "LIST of IMPAIRMENTS:" with several lines for listing the impairments.

**DO NOT REMOVE  
EQUIPMENT IMPAIRED**

*Name,  
Address, &  
Telephone Number  
of Fire Protection Firm*

\_\_\_\_\_  
Certificate of Registration Number

\_\_\_\_\_  
Name of Licensee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date

OWNER'S NAME and ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST of IMPAIRMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_