



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

Fire Department: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Installed By

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Delivery Date: \_\_\_\_\_

FoamPro Serial No.: \_\_\_\_\_

FoamPro Model No.: \_\_\_\_\_

OEM Truck Brand/Model: \_\_\_\_\_

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

I acknowledge and agree to Safe Fleet's use of my contact information to communicate with me about offerings by Safe Fleet, its brands, affiliates and/or third-party partners, consistent with Safe Fleet's Privacy Policy.

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.